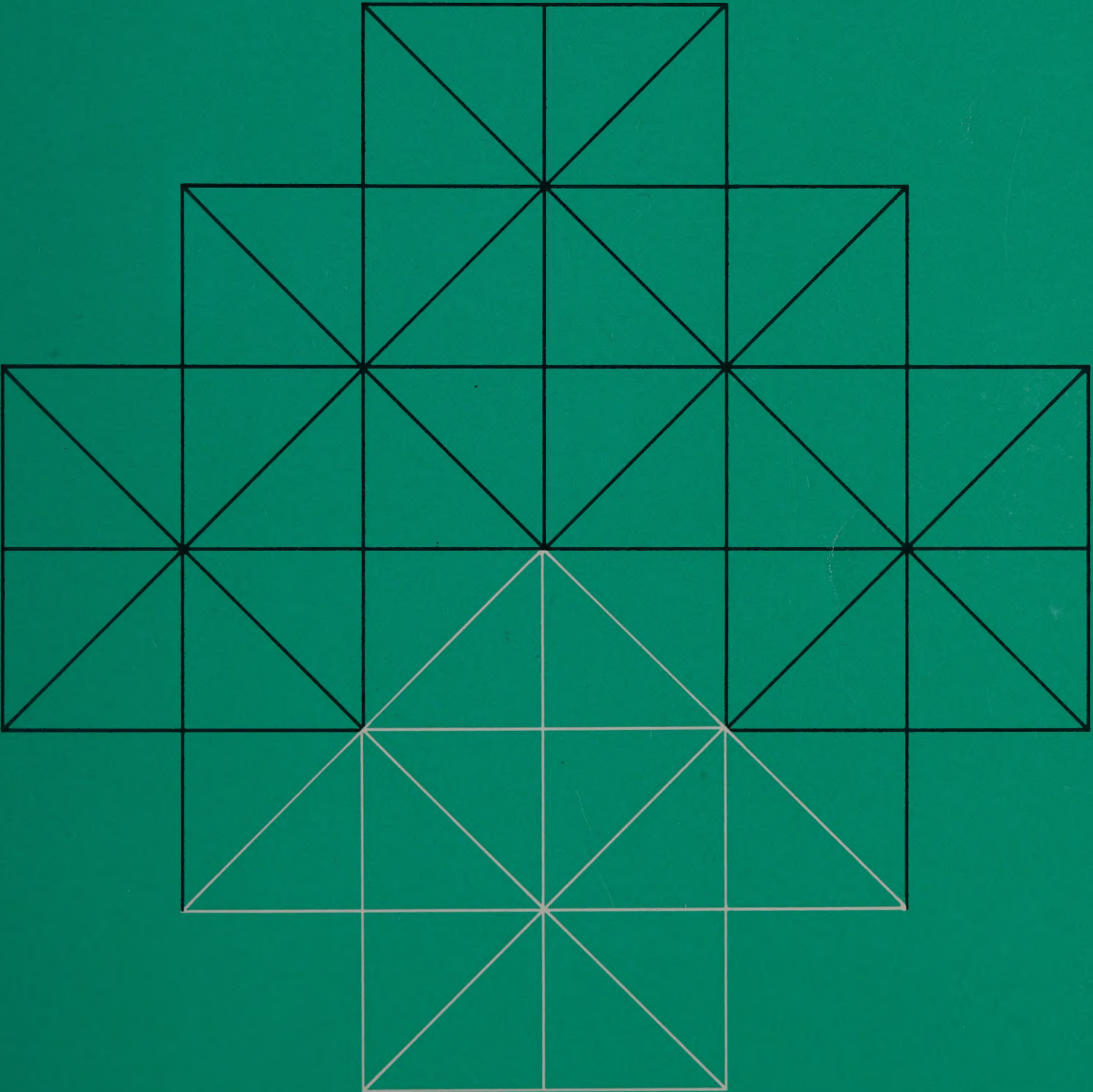


**Rush University
Presbyterian-St. Luke's
Hospital**

**Graduate
Medical Education
Rush-
Presbyterian-
St. Luke's
Medical Center
1985-87**



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1985-87

Rush
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Hospital

Graduate Medical Education Rush- Presbyterian- St. Luke's Medical Center

Office of Graduate Medical Education
Rush-Presbyterian-St. Luke's
Medical Center
600 South Paulina Street
Chicago, Illinois 60612

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The patient is central in studies at Rush Medical College. Excellence in patient care is a base for the learning experience, emphasizing the educational process and building lifelong habits of acquisition of medical knowledge.

The faculty, attending medical staff, and resident house staff are all an integral part of the teaching program. Superbly equipped facilities at Rush and the wide variety of patient populations provide a spectrum of opportunities for the development of vital skills and knowledge.

Rush-Presbyterian-St. Luke's Medical Center, responsive to the needs of society for health care, manpower development and education in the health professions, has developed a vertically integrated, multi-institutional system providing for the total health care needs of a population of 1.5 million people. This growing system is managed flexibly to be responsive to the needs of the populations we serve.

Our dynamic institution is a leader in the private sector. You are invited to join us.

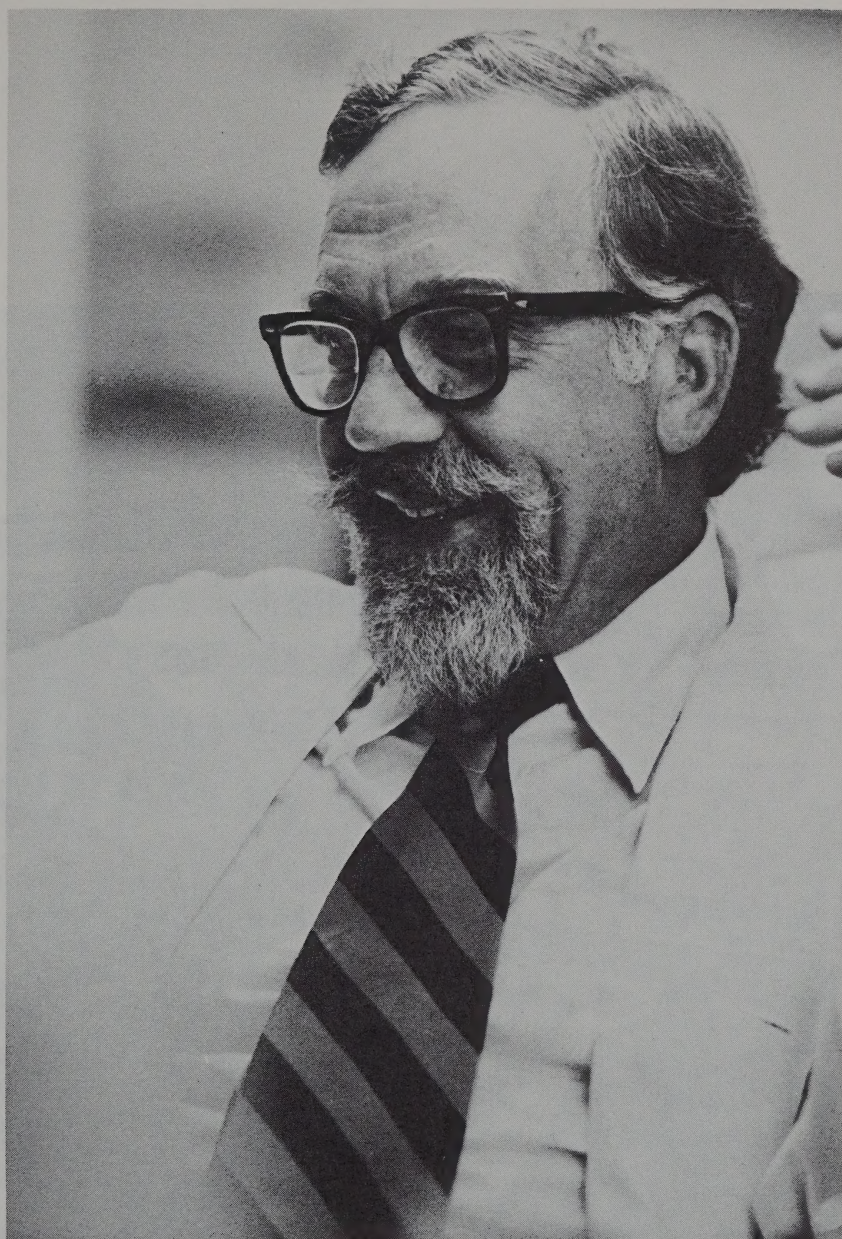
Henry P. Russe, M.D.
Vice President, Medical Affairs
Dean, Rush Medical College

The goal of our graduate medical education program is to provide the new physician an environment in which a high level of professional competence can be developed. While the goal is fixed, there must be a large degree of flexibility involved in the program that is the path to that goal.

At Rush-Presbyterian-St. Luke's, we recognize the inseparable relationship between first-rate practice and learning. The good physician must be expert in the acquisition as well as the application of knowledge and skills. We also recognize that there have been major changes in medical education and also in the expectations of those who have a right to sound health care. Education and training for a career of professional competence are designed to take these changes into account, and to respond to other significant changes as they occur. The departments establish the details of their training programs according to the requirements of the various specialties. The Office of Graduate Medical Education coordinates the programs in light of the overall goals, and maintains a continuing process of evaluation and reevaluation. It also provides centralized services to residents and fellows for those details common to all, such as stipends, housing, and insurance.

Graduate medical education at Rush-Presbyterian-St. Luke's will continue to be responsive to the needs of new physicians striving to exercise their growing abilities with knowledge and compassion. We will appreciate your insights into a process that must constantly adapt if we are to reach a goal that must never change—the education of highly competent and effective physicians.

John S. Graettinger, M.D.
*Associate Dean,
Graduate Medical Education*



The
Medical
Center



The Medical Center

Introduction

Rush-Presbyterian-St. Luke's Medical Center (RPSLMC) offers training in 22 clinical departments to approximately 450 residents, trainees, and fellows each year. Presbyterian-St. Luke's Hospital (PSLH) provides the major clinical base for our graduate medical education programs. The hospital is a national referral center and a community resource. More than a dozen other institutions affiliated with Rush University provide complementary and supplementary opportunities for the trainee in rural, semirural, suburban, and urban environments.

The 758 members of the active medical staff are on the faculty of Rush University, as are many of the attending physicians at our affiliated hospitals. The University's faculty includes approximately 2,500 clinicians and scientists.

Many members of the attending staff at Presbyterian-St. Luke's have private practice offices located in one of the professional buildings on campus. Postgraduate training in many departments includes opportunities to follow patients in these offices.

History of the Medical Center

The traditions of Rush-Presbyterian-St. Luke's Medical Center began with Rush Medical College, which graduated over 10,000 physicians from its founding in 1837 until it suspended its activities in 1942. The graduates and the faculty of Rush played major roles in the establishment of the medical schools of both Northwestern University and The University of Chicago.

In 1883, at the urging of the Rush faculty, Presbyterian Hospital was founded as the first voluntary hospital in the country built for the patients and students of an academic medical facility. In 1956, Presbyterian Hospital merged with another long-established, community-based hospital, St. Luke's, to form Presbyterian-St. Luke's Hospital.

In 1969, an incorporation joined the charters of the inactive Rush Medical College and the hospital to form Rush-Presbyterian-St. Luke's Medical Center. The medical college resumed activities shortly thereafter, admitting students in 1971.

Rush University was created in 1972 when the College of Nursing joined Rush Medical College. These two colleges were joined by a third, the College of Health Sciences, in 1975. The Graduate School, formerly positioned within the College of Health Sciences, was established as a free-standing graduate college in 1981.

Facilities

Rush-Presbyterian-St. Luke's Medical Center is located in Chicago in the northeast corner of the 350-acre Medical Center District of the State of Illinois. The Rush campus currently comprises 22 buildings, including the 903-bed Presbyterian-St. Luke's Hospital, the Marshall Field IV psychiatric outpatient facility, classrooms and laboratories, research facilities, student housing, and a day care center for children of students and employees. The Library of Rush University, the oldest medical library in Chicago, is located in the University's Academic Facility. The library has an impressive collection of books and periodicals and provides interlibrary loan and Medline search services for faculty and students. An outstanding collection of 3,000 rare medical books, some dating as far back as the seventeenth century, is available for research.

The 176-bed Johnston R. Bowman Health Center for the Elderly (JRB) was specifically designed for short-term care of the aged patient. It offers a wide range of services to the elderly through its outpatient facility and through inpatient services for those admitted from the community, or transferred from Presbyterian-St. Luke's or other acute care facilities. The top two floors of the

G1	G2	G3	G4	G5	G6	G7					
Family Practice			Peds. Specialties								
							Allergy-Immun.				
Med. Specialties											
											Internal Medicine
Dermatology			Neuro P.								
Neurology											
Psychiatry											
Pathology											
Obstetrics-Gynecology				S/OY*							
Anesthesiology			General Surgery								
			Urology			Plastic					
						CV-Thoracic					
			Otolaryngology								
			Neurosurgery								
			Orthopedics								
			Ophthalmology								
Diagnostic Radiology											
Therapeutic Radiology											

*Specialized/Optional Year

**NRMP Program Numbers for the First Year
of Graduate Medical Education**

	Rush Clinical Network Hospitals				
	Presbyterian- St. Luke's	Mount Sinai	Community Memorial	Christ	West Suburban
Family Practice	114720	—	303720	#	117320
Internal Medicine	114716	114416	—	113116	117316
Medicine C-Preliminary	114715	—	—	—	—
Pediatrics	114728	#	—	#	—
Obstetrics/Gynecology	114723	114423	—	#	—
Psychiatry	114741	114441	—	—	—
Surgery	114719	114419	—	#	—
Surgery C-Preliminary	114718	—	—	—	—
Neurosurgery	114734	—	—	—	—
Ophthalmology	114737	—	—	—	—
Orthopedics	114738	—	—	#	—
Otolaryngology	114739	—	—	—	—
Urology	114744	—	—	—	—
Anesthesiology	114731	—	—	—	—
Emergency medicine	—	—	—	113133	—
Pathology	114725	114425	—	—	—
Diagnostic Radiology	114742	114442	—	—	—
Therapeutic Radiology	114743	—	—	—	—
Transitional	—	—	—	—	117314

= Integrated Program

Note: Programs available at network hospitals are subject to change. Consult the NRMP Directory to verify program availability.

A program in clinical psychology for predoctoral interns and postdoctoral fellows also is offered at Rush through the College of Health Sciences. Information is available from the Director of Clinical Training, Department of Psychology and Social Sciences.

facility contain residential apartments for independent elderly people.

Sheridan Road Hospital (SRH) is a 186-bed hospital on Chicago's north side, and an integral part of Rush-Presbyterian-St. Luke's Medical Center. SRH has medical, surgical and psychiatric services, as well as a rehabilitation program and an alcohol and substance abuse treatment program. House officers and medical and nursing students are assigned to SRH on a rotation basis.

The Rush System for Health is a prototype developed to provide all levels of health care to a defined population of 1.5 million, in various locations throughout the city and in suburban, semirural and rural areas throughout Illinois and northern Indiana. Rush-Presbyterian-St. Luke's is the hub of the system's 15 other health care institutions. In addition to providing health care, the network educates and trains the health professionals required to repopulate the system, and supports basic and applied research that will enhance future health care. The cooperative programs among these network institutions provide a broad base for referral of patients with a variety of care requirements.

Educational programs at undergraduate and graduate levels have been developed between Rush University and its clinical network affiliates. Fully integrated residency programs currently exist in five departments. Residents rotating through affiliated hospitals encounter the complete range of medical experience in their specialty, and gain insight into different needs of different communities. These clinical affiliates offer a broad base for clinical research and enhance the promulgation and exchange of new ideas. Staff members of network hospitals share in teaching responsibilities, and participate in the continuing education programs of the Medical Center as faculty members of Rush University.

In addition to Rush-Presbyterian-St. Luke's Medical Center, the clinical network consists of:

Bethany Hospital, Chicago	212 beds
Central DuPage Hospital, Winfield	371 beds
Christ Hospital, Oak Lawn	873 beds
Community Memorial General Hospital, LaGrange	276 beds
Copley Memorial Hospital, Aurora	319 beds
Galesburg Cottage Hospital, Galesburg	265 beds
Grant Hospital of Chicago, Chicago	508 beds
LaPorte Hospital, LaPorte, Indiana	227 beds
Mile Square Health Center, Inc., Chicago	outpatient facility
Mount Sinai Hospital Medical Center, Chicago	464 beds
St. Mary's Hospital, Streator	248 beds
Schwab Rehabilitation Center, Chicago	67 beds
Skokie Valley Hospital, Skokie	262 beds
Swedish Covenant Hospital, Chicago	355 beds
West Suburban Hospital Medical Center, Oak Park	374 beds

Active Medical Staff	758
Presbyterian-St. Luke's Hospital	
Bed capacity (excluding bassinets)	903
Total admissions (including newborn)	30,434
Total days patient care (including nursery)	270,780
Occupancy	81.6%
Emergency room visits	32,260
Blood transfusions	30,338

Sheridan Road Hospital	
Bed capacity	186
Total days patient care	28,406
<hr/>	
Johnston R. Bowman Health Center for the Elderly	
Bed capacity	176
Total days patient care	45,427
<hr/>	

Rush University (Rush Medical College, College of Nursing, College of Health Sciences, The Graduate College)

Faculty	2,110
Student body (including house officers)	1,636
For a complete list of Rush Medical College faculty, see the Rush University Bulletin.	

Research

Opportunities are available for house officers to participate in master's and doctoral programs in conjunction with their graduate medical education. Approximately five percent of the current Medical Center budget is devoted to research, and the proportion is growing. The commitment has involved annual expenditures in the area of \$10 million, funded by private agencies, foundations, corporations, federal and state agencies, and individuals.

The Medical Center has a number of interdisciplinary committees for patient care, in which physicians, surgeons, scientists, psychologists, nurses and other health professionals develop integrated therapies for patients with diseases such as multiple sclerosis and rheumatoid arthritis. The interdisciplinary approach also is used in the research areas, especially in the approaches to cancer, cardiovascular diseases, and orthopedics. House officers are encouraged to take an active role in the continuing exchange of information and insight.

Research projects in progress	983
Research publications	875
Research awards, 1982-83	\$10,142,566

Programs in Graduate Medical Education

Graduate medical education programs offered at Rush, along with the minimum requirements for specialty board certifications, are shown on the chart on page 7. All G-1 positions are offered through the National Resident Matching Program (NRMP; see table on page 8 for program numbers).

Residency programs in obstetrics and gynecology, orthopedics, general surgery, pediatrics, and family practice are fully integrated with those at network hospitals. Recruitment for residency and fellowship positions at Rush is handled by individual department chairmen and inquiries about programs and requests for applications should be addressed to them (see program descriptions that follow).

Separate programs in various specialties are offered at a number of our network institutions under the supervision of Rush faculty members. Information about these programs can be obtained by calling or writing the program directors at these institutions (see page 12 for addresses).



For Further Information

Office of Graduate Medical Education
Rush-Presbyterian-St. Luke's Medical Center
600 South Paulina Street
Chicago, Illinois 60612
312/942-5495

Office of Graduate Medical Education
Mount Sinai Hospital Medical Center
2750 West 15th Place
Chicago, Illinois 60608
312/542-3603

Director of Medical Education
Christ Hospital
4440 West 95th Street
Oak Lawn, Illinois 60453
312/425-8000

Director, Community Family Practice Center
Community Memorial General Hospital
5101 Willow Springs Road
LaGrange, Illinois 60525
312/352-7470

Director, Family Practice Residency Program
Swedish Covenant Hospital
5145 North California Avenue
Chicago, Illinois 60625
312/878-8200

Director of Medical Education
West Suburban Hospital Medical Center
518 North Austin Blvd.
Oak Park, Illinois 60302
312/383-6200

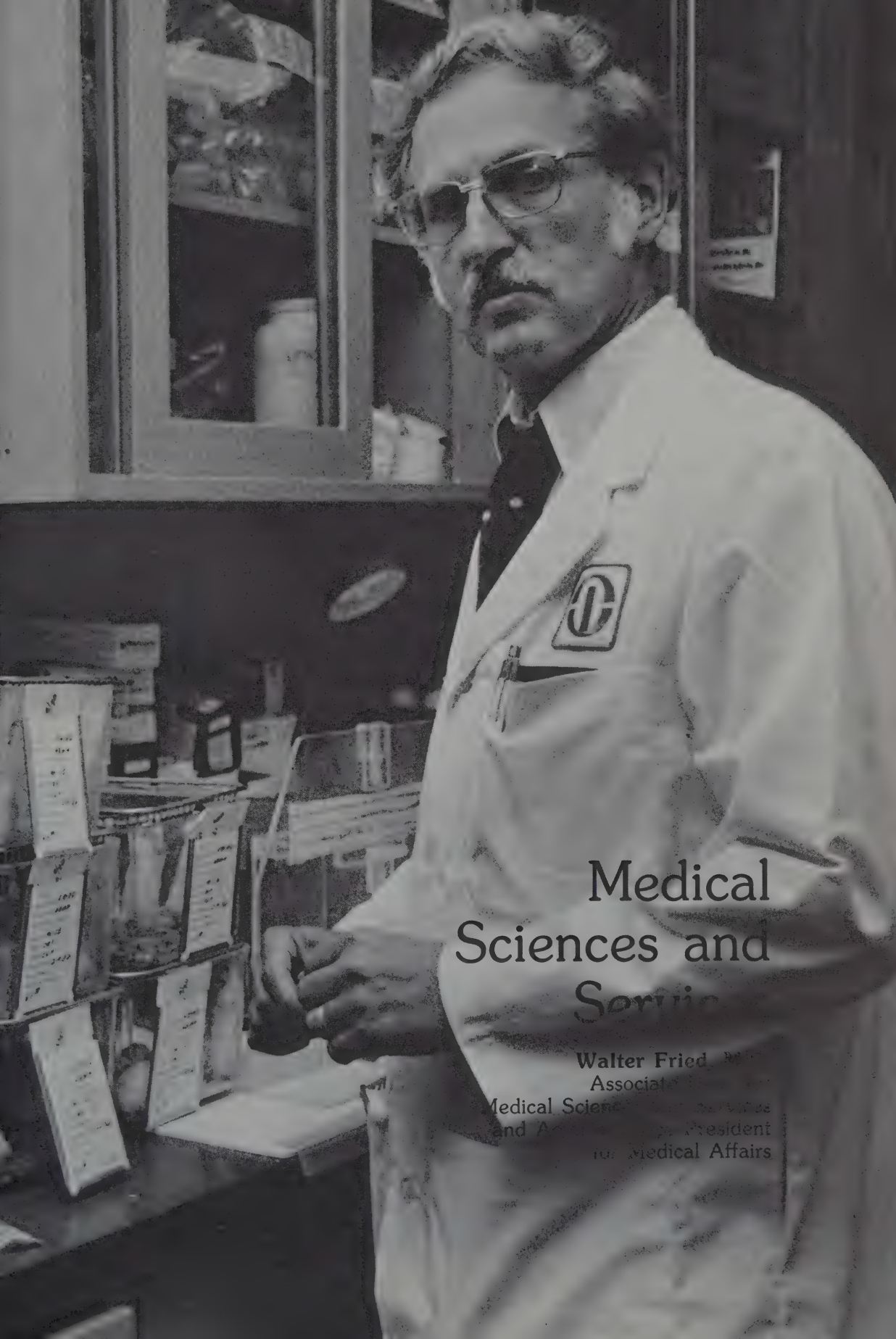
Director of Medical Education
Grant Hospital of Chicago
550 West Webster Avenue
Chicago, Illinois 60614
312/883-2000

Rush Patient Care Network

Patient Care Facilities

1. Bethany Hospital
2. Central DuPage Hospital
3. Christ Hospital
4. Community Memorial General Hospital
5. Copley Memorial Hospital
6. Galesburg Cottage Hospital
7. Grant Hospital of Chicago
8. LaPorte Hospital
9. Mile Square Health Center, Inc.
10. Mt. Sinai Hospital Medical Center
11. Rush-Presbyterian-St. Luke's Medical Center
12. Saint Mary's Hospital
13. Schwab Rehabilitation Center
14. Sheridan Road Hospital
15. Skokie Valley Hospital
16. Swedish Covenant Hospital
17. West Suburban Hospital Medical Center





Medical Sciences and Service

Walter Fried, M.D.
Associate Professor
Medical Sciences and Service
and Assistant President
for Medical Affairs

**Department of
Immunology/Microbiology**
Program in Allergy and
Clinical Immunology

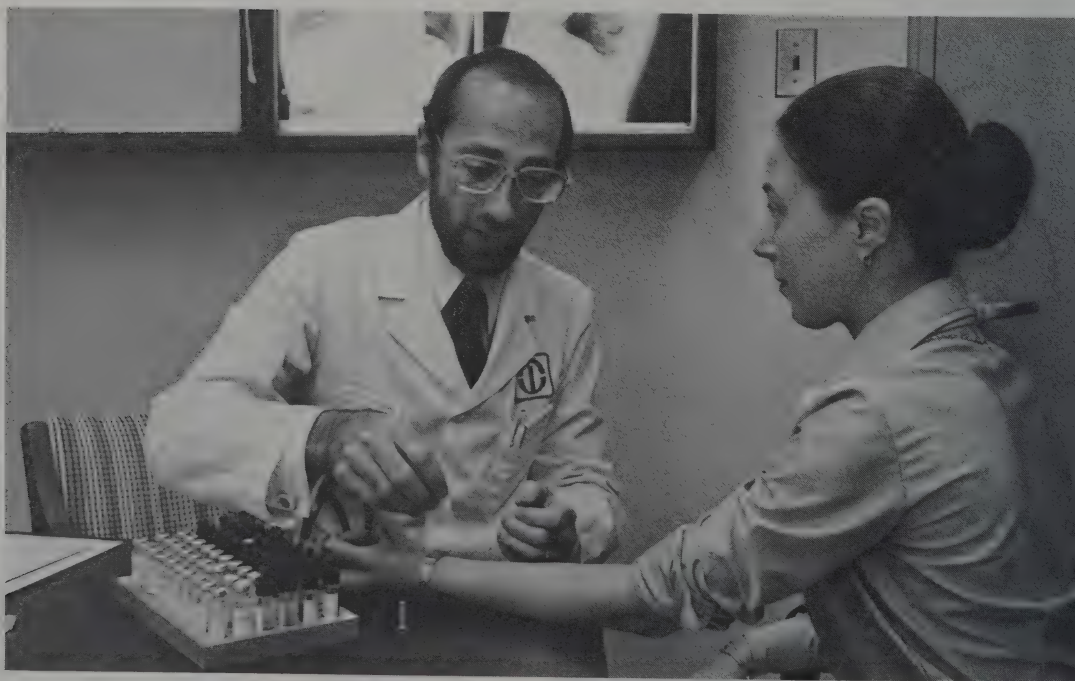
Allan T. Luskin, M.D., Director

The Department of Immunology/Microbiology offers a two-year residency in allergy and clinical immunology (with an optional third year) to prepare physicians to assume a leadership role in the field of allergy and clinical immunology. This program is approved by the American Board of Allergy and Immunology, a conjoint Board of The American Board of Internal Medicine and American Board of Pediatrics.

The focus of the training program is to provide intensive and diversified training in all aspects of clinical immunology. The clinical service in the training program involves the care of inpatients and outpatients with the classical allergic diseases of urticaria, rhinitis, asthma and pulmonary hypersensitivity diseases as well as a large population of patients suffering from immunodeficiency diseases and systemic hypersensitivity diseases including vasculitis and systemic lupus erythematosus.

Trainees spend the bulk of the first year of training in clinical allergy and immunology. They are directly responsible for the care of patients with immunologic diseases under the supervision of an attending physician. Trainees also take an active role in the education of rotating medical students and medical and pediatric residents. Teaching consists of formal and informal hospital rounds, patient care conferences and basic and clinical conferences scheduled on a regular basis throughout the week. Lectures on specialized topics cover a wide variety of subjects in pulmonary medicine, infectious disease, rheumatology, oncology, dermatology, nephrology and hematology.

All patients admitted to the service are available for teaching; active teaching clinics are conducted in the private outpatient offices located in the Professional Building. The department sees approximately 550 new outpatients and 150 new inpatients per year. The average daily census is 10 inpatients. There are a total of 5,500 outpatient visits yearly.



Residents learn routine and specialized diagnostic procedures including skin testing, pulmonary function testing, broncho-provocation as well as a variety of laboratory techniques ranging from the most simple to the use of flow cytometry. Trainees are also introduced to basic research techniques in conferences and lectures. They are encouraged to develop a collegial relationship with the graduate students in immunology; courses are given by the faculty of the department to both graduate students and clinical fellows.

During the second year, the major emphasis is on acquiring skills in research in areas of allergy and clinical immunology. Most of the trainees' time is devoted to basic or clinical research. Research is formalized under the direct supervision of one of the members of the Department of Immunology/Microbiology. Research is available in a variety of areas of allergy and clinical immunology. Areas of current interest include the immunobiology of the inflammatory response, the biology of the complement system, mechanisms underlying the allergic response and the role of the acute inflammatory response, and the pathogenesis of human immunologic disease.

Also during the second year, trainees improve their clinical skills and take a more active teaching role in the educational programs of the Department of Immunology/Microbiology.

Two first-year fellows are accepted each year. Trainees must have completed training in internal medicine or pediatrics as a prerequisite to acceptance. Please direct inquiries to Allan T. Luskin, M.D., Department of Immunology/Microbiology.

Department of Dermatology

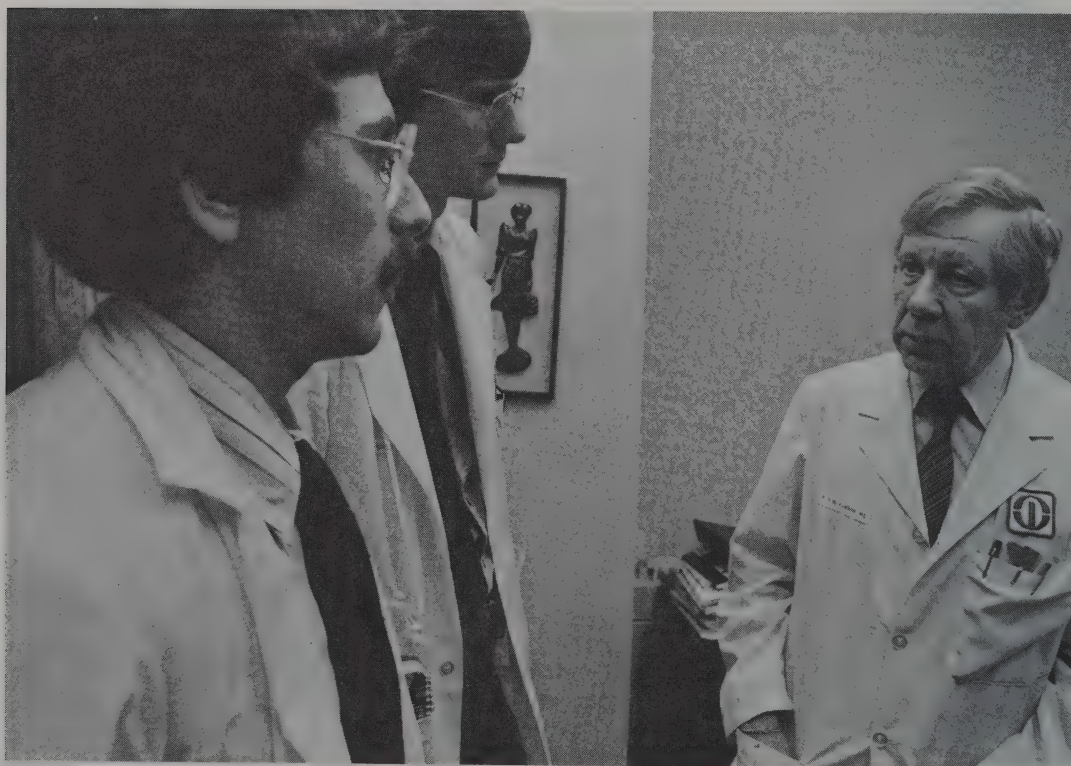
**Frederick D. Malkinson, M.D., D.M.D., The Clark W.
Finnerud, M.D., Professor, Chairman**

The Department of Dermatology offers a three-year residency training program accredited by the American Board of Dermatology. The program trains a total of four residents, usually accepting one new resident each year (two every third year). The department participates in the National Dermatology Matching Program. The focus of training is on clinical and histologic diagnosis and care of patients with skin diseases. There is special emphasis on systemic disease—skin disease associations and relationships. The understanding of normal skin care as it relates to preventive medicine aspects of dermatology is stressed. The tutorial method of clinical teaching is intensively applied and is enhanced by a favorable staff-to-trainee ratio.

During the first year, the resident participates in the outpatient service by making initial contact with new patients and discussing diagnostic and therapeutic impressions under supervision of the attending physician. The resident learns routine and special diagnostic procedures such as biopsies and minor excisions, patch testing, dark field examination, and KOH examination for fungi. The resident gradually assumes more responsibility for patient care. Each hospitalized patient is assigned to a specific resident who is responsible for organizing the workup and treatment. Second-year residents assume greater independence and also assist in the clinical training of medical students and residents from other services. Third-year residents assume additional responsibilities, such as independent conduct of clinics at an associated facility, and preparing and giving lectures and other formal teaching sessions for medical students and other health sciences students and practitioners.

Patients admitted to the service are available for teaching, and clinical experience encompasses a broad scope of problems including severe blistering diseases and drug eruptions, psoriasis and other major dermatoses, cutaneous malignancies, connective tissue diseases and complicated diagnostic problems. Active teaching clinics are also conducted in the private outpatient offices located in the Professional Building. The department sees approximately 11,000 patients each year, 600 of whom are hospital consultations.

The residency training program may be individualized in several ways. Residents who are fully trained in other specialties, such as internal medicine or pediatrics, can usually qualify for dermatology specialty board examinations after two-and-one-half years of training in dermatology. Dermatology residents have the opportunity to rotate to other services in the institution. Weekly formal journal club meetings and histopathology conferences are supplemented by lectures and seminars in the various dermatological basic sciences. Clinical problems are presented and discussed at monthly staff conferences. Residents also attend the monthly meetings of the Chicago Dermatological Society. National and regional dermatological meetings, as well as other scientific meetings, may be attended on a selective basis.



The dermatology department is engaged in the study of metabolic and biochemical alterations in collagen synthesis following skin exposure to ionizing radiation, the effects of ionizing radiation and radiosensitizing drugs on melanoma, ultrastructure and enzyme studies in blistering and hereditary diseases, and photo-induced drug reactions. Residents are encouraged to participate in these projects and also in clinical investigations. In addition, they may affiliate with other departments for clinical or basic science research projects.

Inquiries concerning the program should be directed to the chairman.

Department of Family Practice

Erich E. Brueschke, M.D., Chairman and Program Director

Charles L. Range, M.D., Co-Residency Director and Director,

Christ Hospital Family Practice Center

Thomas Dent, M.D., Assistant Chairman

William Schwer, M.D., Associate Residency Director

The Department of Family Practice offers a postdoctoral three-year combined hospital residency, the Rush-Christ Residency in Family Practice, with an optional one-year fellowship to train future teachers of family medicine. The Rush-Christ Residency in Family Practice is a strong university-based program. Emphasis is on teaching and educational opportunities for the resident, combined with community-oriented training at Christ Hospital in suburban Oak Lawn. The residency program is accredited by the Accreditation Council for Graduate Medical Education and the Residency Review Committee for Family Practice.

The *sine qua non* of family practice is the knowledge and skill that allow the physician to confront relatively large numbers of unselected patients and to develop therapeutic relationships with these patients and their families over extended periods of time. The residency is structured to prepare the physician for this role. There are eight residency positions in each year of the program and one fourth-year fellowship.

During the first year, residents spend six months in internal medicine. There is a three-month rotation in pediatrics at Rush where the resident trains in the adolescent ward, the nursery and emergency room. Three months of rotation in obstetrics and gynecology are at Christ Hospital. The residents spend approximately one-half day per week seeing their own patients in the Christ Hospital Family Practice Center.

In the second year, residents take three months of pediatrics at Christ Hospital, a one-month rotation in neurology, a two-month rotation in general surgery, a six-week rotation in emergency medicine at Christ Hospital, and additional rotations in radiology, dermatology, behavioral medicine, alcoholism, orthopedics and otolaryngology/ophthalmology. Residents spend two to three afternoons a week seeing their own patients in the Family Practice Center at Christ Hospital.

In the third year, inpatient experiences include approximately three months of required internal medicine electives, other electives to meet the needs of the resident, and rotations in minor surgery, community medicine, geriatric medicine, and a six-week rotation as responsible resident for the Family Practice Center. Residents spend approximately 14 to 16 hours per week seeing their own patients in the Family Practice Center. Behavioral sciences and clinical psychology experiences are continuous over the three years.

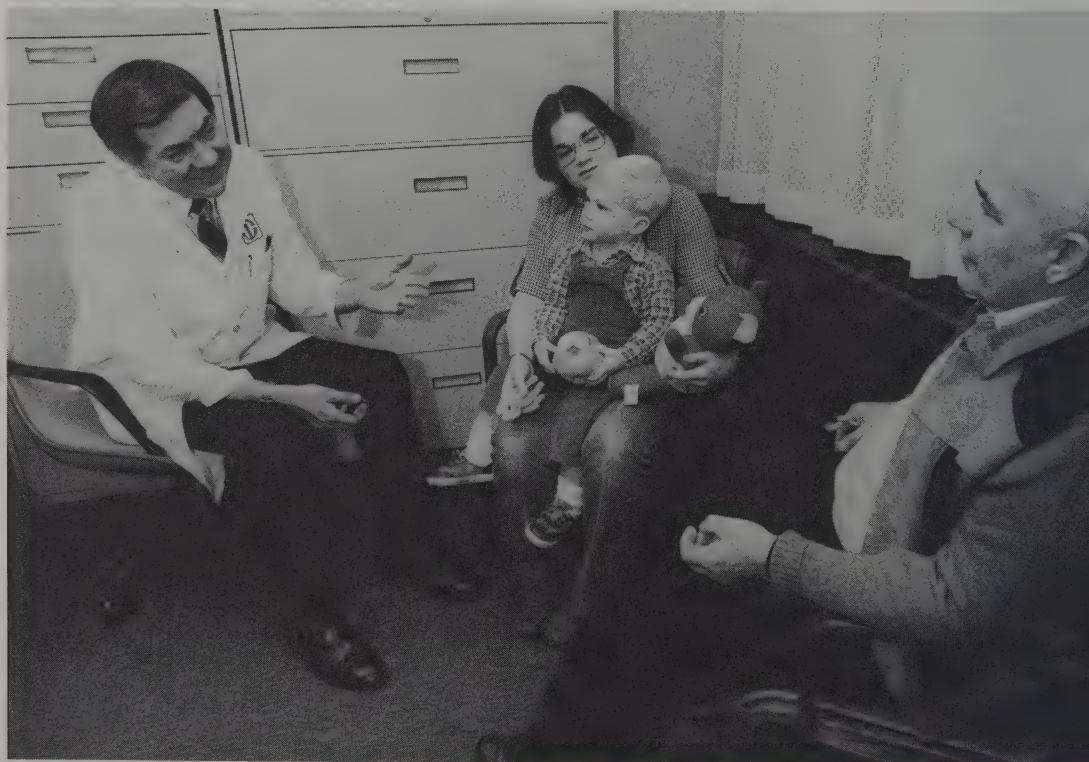
This is a combined hospital residency program. All outpatient Family Practice Center training is at Christ Hospital where, for the entire three years, residents maintain continuity of care with their patients. A team approach is used. By the third year, each resident will be caring for about 200 families. The integration provides experiences at both a tertiary care academic medical center and a high-quality private practice, community-oriented teaching hospital.

Each resident's program can be individualized through electives to meet personal interests, career objectives and the clinical responsibilities to be faced in the community. Graduated responsibility is the prevailing objective—residents occupy their own offices and provide care to their own patients. An approach to primary care utilizing a broad spectrum of health care professionals is encouraged. This is strengthened by a full-time clinical psychologist and a medical social worker assigned to the center.

Conferences held at the Family Practice Center include conferences on behavioral science topics, clinical research, office management, medical problem solving, family practice grand rounds, geriatric medicine and problem-oriented medical grand rounds. All important decisions affecting resident rotations and/or residency affairs are jointly made by faculty in consultation with residents. Monthly meetings are held with elected resident representatives from each year, the chief resident in family practice and the faculty.

Research interests among the department's faculty focus on a variety of primary care issues and are coordinated through the Section of Research and Education Development (see below).

Address all inquiries to the chairman.



Deborah F. Hotch, Ph.D., Director

The Section of Research and Education Development is a component of the Department of Family Practice. This section, established with funding from a United States Department of Health and Human Services Public Health Service grant to the department, directs the implementation of clinical, education and evaluation research projects. Research lectures and grant applications are also coordinated by the section.

The development of instruction materials to familiarize family physicians with the use of microcomputers in private practice and research is underway. Adolescent stress, alcoholism intervention, the impact of illness on the family, and the family physician's influence on lifestyle changes, are areas of continuing interest.

Faculty also design and implement family practice medical education projects. These include a survey of medical students' perceptions of family practice and yearly surveys of applicants to the Rush-Christ Family Practice Residency Program.

Research bearing on the delivery of health care by family practice physicians is another interest. A survey to assess patient satisfaction with services at the Family Practice Center has been conducted. In other work, a brief questionnaire concerning the availability of positions on medical staffs for family practice physicians was mailed to hospital administrators in Chicago, Springfield and Peoria, Illinois.

**Department of
Internal Medicine**

Roger C. Bone, M.D., Chairman

Stuart Levin, M.D., Associate Chairman

The Department of Internal Medicine provides a three-year program of postdoctoral residency training accredited by the American Medical Association. An additional year of advanced training with teaching responsibility and an adjunct medical staff appointment is offered in a chief residency. Thirty-two first-year positions are offered annually through the National Resident Matching Program.

The first year is structured to provide intensive patient contact, utilizing some 320 medical beds divided into eight general medical units and a medical intensive care unit. This year is divided into four two-month rotations on general medical units, which have from 30 to 47 patients. Most general medical units are staffed by two second- or third-year residents, four first-year residents, and several Rush Medical College students. One month is devoted to medical intensive care experience. A final period is allotted to elective study, which may be taken in any medical or surgical specialty, or in pediatrics, psychiatry, or neurology.

In the second year, the resident spends six months on a general medical unit and has two months of emergency room-triage experience. The remainder of the year is spent on elective services.

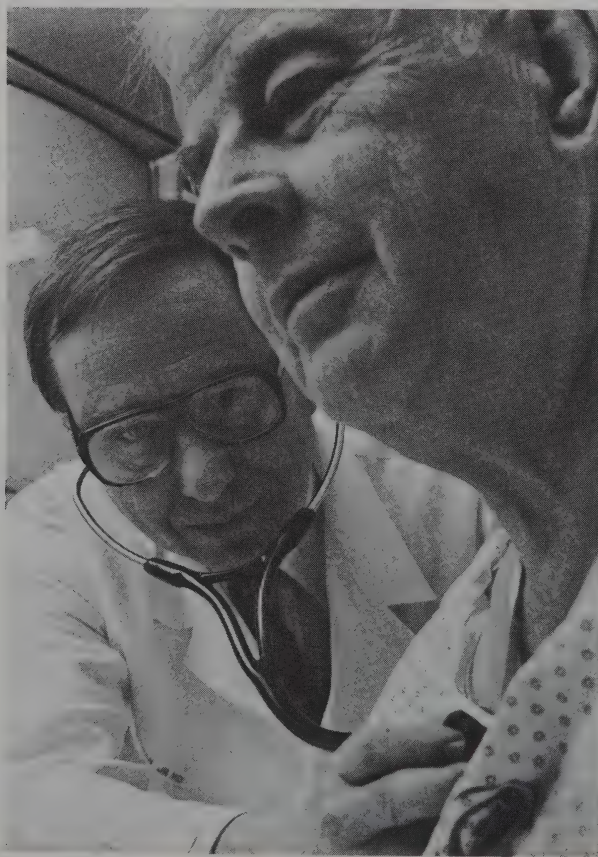
The third-year resident spends one to three two-month rotations on a general medical unit and the rest of the year in the subspecialty areas of his or her choice. Throughout the training period, each medical house officer is assigned one-half day a week to an outpatient medical practice. This continuing assignment provides the physician with the opportunity to provide long-term care.

With the expansion of Rush-Presbyterian-St. Luke's Medical Center to include affiliated network hospitals, the department has expanded its training potential to include medical unit experience in a community hospital setting. House officers may elect to spend limited periods of time at affiliated institutions with approved

programs in internal medicine including, at present, Christ Hospital and Mount Sinai Hospital Medical Center. Moreover, Sheridan Road Hospital, an integral part of Rush-Presbyterian-St. Luke's Medical Center, provides 60 general medical beds in a community hospital. The house staff education program there is integrated with the house staff training program at Presbyterian-St. Luke's Hospital. These activities have added depth in primary patient care experience.

The Department of Internal Medicine schedules regular teaching sessions, including medical grand rounds, attending and chairman's rounds, weekly subspecialty rounds, morbidity and mortality conferences, and radiologic conferences. Seminars, lectures, and clinico-pathological conferences are conducted by staff and by visiting professors of medicine throughout the year.

The chief residents conduct grand rounds for first-year residents each Saturday morning, and provide formal conferences on the wards each week. A vigorous program of education is provided in the ambulatory care facilities of the department. Residents in the Department of Internal Medicine rotate through emergency services for two months. This rotation is unique for the residents in that most of the patients are evaluated on first encounter and medical decisions must be made in an expeditious fashion. The residents have a diversified medical experience. Besides evaluating unstable or ambulatory medical patients, the resident also manages a spectrum of surgical patients as well as psychiatric, obstetric and gynecologic patients. The basic learning experience is that of a preceptorship with the resident performing the primary care and supervisory support coming from attending physicians of the academic faculty in medicine and emergency services.



Individualization of programs is encouraged and other postgraduate programs are available, including elective rotations through ear, nose, and throat (ENT), office gynecology, ophthalmology, and psychiatry for internists. Further intensive care experiences beyond the residency are available in the clinical and research fellowships offered by the various sections of the department.

In accordance with Section 709 of the Public Service Act, Rush-Presbyterian-St. Luke's Medical Center will, upon request from qualified applicants, offer shared-schedule residency programs in internal medicine. These programs will be designed by the department in consultation with the candidate making the request.

Inquiries regarding the program should be directed to the chairman.

Section of Cardiology

Joseph V. Messer, M.D., Director

The Section of Cardiology provides extensive consultation and diagnostic services, participates in medical student education in both the basic and clinical sciences, and conducts research studies involving clinical cardiology, experimental biochemistry and physiology, and computer application.

Residents in the Department of Internal Medicine rotate through this section. Educational emphasis is on the improvement of physical diagnostic abilities in clinical cardiology, and the acquisition of skills in interpretation of invasive and noninvasive studies. Particular emphasis is placed on evaluation of electrocardiographic and catheterization data.

The Cardiology Fellowship Program is a two- or three-year track, available upon completion of three years of residency training in internal medicine. The two-year program provides approximately 18 months' experience in general cardiovascular medicine. Training includes consultation; cardiac catheterization and coronary arteriography; electrophysiology, including intracardiac and epicardial mapping; exercise electrocardiography; and cardiac graphics, including M-mode, 2D and Doppler echocardiography and phonocardiography. Fellows also gain experience in pacemaker insertions and technology; nuclear cardiology, including gated blood pool scanning and rehabilitative coronary care; and computer techniques in cardiology and preventive cardiology. A third year is provided for fellows who plan an academic career, and allows concentration in research and instrumentation in a specific field of cardiology.

Inquiries regarding the fellowship program should be addressed to the director.

Section of Digestive Diseases

John A. Payne, M.D., Acting Director

The Section of Digestive Diseases provides endoscopic and diagnostic services, consultations and medical education in matters relating to the gastrointestinal tract. The section has two units: the gastrointestinal unit and the liver unit, which serve to fulfill these functions. In addition, the liver unit is investigating a variety of clinical and fundamental problems related to liver cell membranes, toxic and viral hepatitis, and chronic hepatitis.

Residents and students may elect to rotate for one-month periods with the liver unit or gastrointestinal unit consultation services. They will participate in the diagnostic workups and procedures under supervision of the attending staff. Formal teaching sessions include weekly pathology slide seminars and

clinical case conferences, in addition to daily patient care rounds. Resident and student research projects are strongly encouraged and may be developed upon application to the section director.

Two-year fellowships are available to individuals who are board eligible or certified in internal medicine. Fellows will be eligible for the gastroenterology board examination upon completion of the fellowship.

Inquiries should be addressed to the section director.

Section of Endocrinology and Metabolism

Will G. Ryan, M.D., Acting Director

The focus of the Section of Endocrinology and Metabolism is a broad yet intensive approach to clinical, teaching, investigative and laboratory aspects of the discipline. In addition to providing consultations for patients with endocrine and metabolic disorders, as well as specialized procedures, the section maintains a clinical laboratory which performs a broad range of endocrine assays.

There is active research on diabetes, metabolic bone disease, and gonadal disorders. The steroid unit of the section performs determinations of serum and urinary steroids of various types and conducts a research program on steroid metabolism in essential hypertension.

The teaching program is active at all levels. In addition to regularly scheduled endocrinology conferences, the section accepts one clinical and research fellow, who functions for a minimum of two years, and one or two medical residents who rotate through the section at two-month intervals.

The section offers residents and fellows supervised experience with inpatients. Residents spend no mandatory time in clinic. Rotations are also available in network hospitals. Research is encouraged and is either primarily clinical or laboratory in nature, depending on the desires of the trainee.

Members of the resident staff are assigned for one to two months at a time. Fellowships which are approved for board certification are available at the end of the third year of residency training.

Fellows must be eligible to take the examination for certification by the American Board of Internal Medicine. Please direct inquiries to Will G. Ryan, M.D.

Section of Geriatrics

Rhoda S. Pomerantz, M.D., M.P.H., Director

The Section of Geriatrics is concerned primarily with the continuing development of the Johnston R. Bowman Health Center for the Elderly (JRB), a comprehensive restorative care and residential facility on the Medical Center campus. The clinical staff reflects the multidisciplinary nature of restorative care for the elderly and, in addition to a wide variety of paraprofessionals, includes physicians trained in psychiatry, neurology, physical medicine and rehabilitation.

In order to bring community-based care closer to the elderly recipient, outpatient activities are conducted at the Medical Center and at community outpatient facilities (William Jones Senior Citizens Apartments and Larrabee Homes).

Research activities are directed to the identification of treatable conditions in elderly patients with dementia, and to the correlation of findings on computed tomography and clinical patient observation. Other projects include an in-depth study of the

process of institutionalization and the development of a protocol for program evaluation.

House officers in internal medicine rotate through the Geriatric Medicine Unit. A two-year geriatric fellowship is available as well as elective rotations for undergraduate students. Inquiries regarding the fellowship program should be addressed to the section director.

Section of Hematology

William H. Knospe, M.D., Director

The Section of Hematology provides consultative services for patients with hematologic malignancies, anemias, coagulation disorders, immunohematology, and non-malignant disorders. The section provides diagnostic laboratory information and hematologic measurements for all Medical Center patients and includes the clinical hematology laboratories, the Blood Center and the coagulation and platelet function laboratories. The Blood Center provides full service blood banking, including provision of various component therapies and frozen blood. The Clinical Hematology Laboratory is highly automated and incorporates a dedicated interactive computer to assist in expediting the reporting of results. In addition to all standard procedures for counting and identifying blood cells, the laboratories provide many highly sophisticated diagnostic hematology and coagulation laboratory procedures.

This section offers residents and fellows supervised, clinical experience with inpatients and outpatients and opportunities to participate in diagnostic laboratory procedures. Teaching activities include daily hospital teaching rounds and weekly sectional



conferences and seminars on patient-oriented problems, clinical and basic science topics in hematology, marrow morphology, clinical coagulation problems and the Medical Center's weekly lymphoma and tumor conferences. Members of the resident staff are assigned for two months at a time and fellowships are available at the end of the third year of residency training.

A program of bone marrow transplantation has been established under the direction of Herbert Kaizer, M.D., Ph.D., with Solomon S. Adler, M.D., and other physicians in the section as members of the transplant team. There are a variety of other clinicians and laboratory scientists who are also involved.

Participation in the research activities of the section is encouraged. Research in the Section of Hematology continues to span a broad range of activities. These activities include biochemical and physiological studies at cellular and subcellular levels, basic studies of pattern recognition and artificial intelligence as applied to recognition of blood cells, and clinical studies of the effect of diseases and treatment of diseases in patients.

Please direct fellowship inquiries to: William H. Knospe, M.D., Director, Section of Hematology.

Section of
Infectious Disease

Stuart Levin, M.D., Director

The Section of Infectious Disease provides consultation and care for patients with hospital- and community-acquired infections. The section is also responsible for surveillance and control of outbreaks of infection within the hospital, through the activities of the hospital epidemiologist and four nurse epidemiologists. Teaching activities include daily hospital teaching rounds, a lecture course on the pharmacology of antimicrobial agents, and a series of lectures in the second-year medical school curriculum on the pathophysiology of infectious disease. A weekly three-hour research and case discussion conference is held. The laboratory of the section is available for investigative activities. Current areas of research interest include: (1) clinical, pharmacological, and efficacy studies of new antibiotics; (2) studies on the evolution of antibiotic-resistant organisms; (3) the development of rapid methods of



identification of etiologic agents of infection; (4) laboratory investigations of agents active against hepatitis B; and (5) investigation of pathogenesis and therapy of infectious diarrheas including *Campylobacter fetus*. Members of the section serve as consultants to the City of Chicago Department of Health and are involved with investigations of citywide outbreaks of infections.

Members of the resident staff are assigned for two-month rotations. Two- or three-year fellowships are available after the third year of residency training in medicine. Applications for fellowships should be made to the director of the section.

Section of Nephrology

Edmund J. Lewis, M.D., Director

Patients with various primary and systemic lesions of the kidney and genitourinary tract, or electrolyte and metabolic problems are studied and treated by the staff of the nephrology section. There is a special interest in the diagnosis and therapy of patients with collagen-vascular disease. The laboratories of the unit are available for many special studies, including immunological investigations of serum and renal biopsy material. The application of plasma-exchange therapies to several diseases, especially lupus erythematosus, is under active investigation. There are active acute and chronic dialysis programs. Patients with chronic intermittent dialysis or transplantation are cared for by the staff of the section.

The section is pursuing research on several immunological aspects of renal disease. Systemic lupus and cryoglobulinemia are a particular area of interest. A cell biology program is being carried out in concert with members of the Department of Pathology.

There are daily clinical conferences with the renal pathologists to review tissues from patients who have had renal biopsies. Each week, there are regular research meetings, a renal pathology conference, a renal-urologic-radiologic conference, and a nephrology conference.

Members of the resident staff are assigned to the section for one- or two-month rotations, and research fellowships are available at the end of the third year of residency training. Applications for fellowships should be made to the director of the section.

Section of Oncology

Jules E. Harris, M.D., The Samuel G. Taylor III, M.D., Professor, Director

The educational program of the Section of Oncology emphasizes that patients with cancer may live long, productive, and useful lives if properly treated. Each year, the Section of Oncology sees 1,200 new cancer patients, who provide an ample and varied spectrum of oncological problems. The residents and fellows follow and study these patients under the direction of members of the section. New patients and problems are discussed at bi-weekly meetings.

The section's program stresses the importance of a combined approach to tumor therapy using the resources of the departments of surgery, therapeutic radiology, pathology, and nuclear medicine. There are weekly breast tumor, lymphoma, and gynecologic tumor conferences. The section is also involved in many of the clinical trials sponsored by the Eastern Cooperative Oncology Group, National Surgical Adjuvant Breast Project, and the Gynecologic Oncology Group. Pilot studies involving chemotherapy and immunotherapy with emphasis on the clinical study of interferon and other biological response modifiers are undertaken in association with the institution's affiliated network of hospitals.

The section has an active research program in human and experimental tumor immunobiology. These investigations involve animal studies concerned with the immunogenetics of tumor graft rejection and clinical studies examining the effect of cytotoxic drugs on immunoregulatory mechanisms in solid tumor cancer patients. Research opportunities are available in both areas of investigation for students, residents and fellows.

A four- to eight-week rotation stressing clinical aspects of cancer is offered for residents. One- to three-year clinical fellowships are available and provide in-depth training in medical oncology, with rotation through related clinical fields and laboratories if desired. Research experience in the section's laboratories is offered to selected trainees. The fellow is prepared for board certification in medical oncology. Application should be made to the director of the section.

Section of
Pulmonary Medicine

Robert W. Carton, M.D., Director

The Section of Pulmonary Medicine provides specialized consultation service for patients with diseases of the lungs and thorax. In addition to the clinical service, the section is responsible for the pulmonary laboratory, chest physical therapy and respiratory therapy. Fiberoptic bronchoscopies and other special procedures are performed.

The fellowship generally lasts two years and offers extensive participation in all of the above. Fellows manage an outpatient clinic held once a week. Supplementary rotations through intensive care, allergy, infectious disease and chest surgery round out the experience. Much of the teaching is on a personal basis. The section conducts two conferences a week. Research experiences are available in the areas of expertise of individual faculty members.

The fellowship prepares candidates for the specialty board of pulmonary medicine. Prerequisites for the fellowship are two years in an approved residency program in internal medicine or the equivalent and board eligibility in internal medicine.

Inquiries should be directed to Robert L. Rosen, M.D.

Section of
Rheumatology

Paul Glickman, M.D., Director

The focus of the Section of Rheumatology is on clinical experience in the diagnosis and management of rheumatic disease, as well as the acquisition of skills in clinical investigation. This section offers residents and students a supervised experience with both inpatients and outpatients.

The trainees are responsible for initial interviews and physical examinations as well as follow-up management responsibilities on their patients. Teaching of the special skills required in the diagnosis and management of chronic disease patients is accomplished largely at the bedside with about 20 to 30 percent of the clinical experience being devoted to outpatient care. It is expected that a trainee will have ample opportunity to become familiar with all of the common rheumatic disorders as well as a significant number of the more unusual rheumatic conditions.

Supervised x-ray conferences and seminars as well as journal club experiences are provided. Rotations are also available through other departments within the hospital so as to become better acquainted with immunologic techniques. Rotations are available, as well, through the rheumatology sections of network hospitals. Members of the resident staff are assigned for periods of at least one month and student elective rotations are also available.

Please direct inquiries to the director of the section.



A group of integrated research/clinical care programs organized around specific diseases and spearheaded by clinical investigators serve as the core for the overall activities of the department. The major areas which all represent important clinical problems and related basic science issues include:

1. Parkinson's Disease and related movement disorders
2. Epilepsy
3. Cerebrovascular disease
4. Multiple Sclerosis
5. Dementia
6. Neuromuscular diseases

The research program thus extends from studies of molecular and electrical phenomena of the nervous system and subcellular structure of nerve cells to the function of the brain as a whole in health and disease, with a major emphasis on clinical neuropharmacology.

The Department of Neurological Sciences offers a three-year residency in neurology. One year as a resident in internal medicine is a prerequisite. The residency program is accredited by the Liaison Committee of the American Medical Association and the American Board of Neurology and Psychiatry. Three residents are accepted each year into the program.

The focus of the program is to train well-rounded clinical neurologists with a strong background in and understanding of basic neurological sciences. The first year of the neurology



residency consists of twelve months of clinical neurology. At present, eight months in clinical neurology are taken at Rush and split between the inpatient service and the consultation service. Four months are spent on clinical services at Christ Hospital.

The second year consists of rotations in electroencephalography, electromyography, neuroradiology, pediatric neurology, and neuropathology. The third year consists of six months as a senior resident and six months of elective time. This is divided between Rush and Christ Hospital. During this latter six-month period, the exact rotations of the resident are worked out between the resident and the program director.

All patients admitted to the neurologic service are available for teaching and clinical experience. These patients suffer from a broad range of neurological problems including movement disorders, multiple sclerosis, epilepsy, and cerebrovascular disease. Active teaching clinics also are conducted in the private outpatient offices of the Department of Neurological Sciences and include specialized clinics in epilepsy, muscular dystrophy, multiple sclerosis, and movement disorders. Throughout the three-year program, residents have primary care responsibility for outpatients in the neurology clinic.

The major feature of this program is the close contact between the faculty and the small number of selected residents. Teaching rounds are made six days a week on each of the two clinical services. Weekly teaching sessions include brain cutting, neuroradiology, neurology grand rounds, neurology basic sciences conferences (for residents only), and research meetings. In addition, residents have significant teaching responsibility including both clinical teaching and assisting in neuroanatomy laboratory. Extensive clinical and preclinical research is being carried out in a wide variety of areas by members of the department. Residents are strongly urged to participate in these programs at some time during their training.

Fellowships are offered in EMG, EEG, and movement disorders/neuropharmacology. Inquiries should be directed to the program director.

Department of Pediatrics

**Joseph R. Christian, M.D., The Woman's Board Professor,
Chairman**

Jerome O. Kaltman, M.D., Director, Pediatric Residency Program
Howard B. Levy, M.D., Chairman, Mount Sinai Hospital
Medical Center

Peter Noronha, M.D., Program Director, Mount Sinai Hospital
Medical Center

Rabi Sulayman, M.D., Program Director, Christ Hospital

The Department of Pediatrics offers a three-year residency leading to certification by the American Board of Pediatrics. Fellowships are available in the various pediatrics subspecialties. The program is accredited by the American Medical Association.

The Department of Pediatrics inpatient units include beds for newborns, infants, children, and adolescents. The patient areas are divided into a section of neonatology, which has nurseries for well babies; a perinatal center that includes neonatal intensive care and neonatal intermediate care units; pediatric surgical beds; intensive care units; general pediatric units for infants and children 12 years of age and under; and a geographically separate adolescent unit for adolescents and young adults 13 to 21 years of age. There are approximately 8,000 inpatient admissions (along with 8,000 nursery admissions) divided between the three institutions participating in the educational program with equal distribution of medical and surgical patients.

The faculty includes 347 full-time, part-time and volunteer members participating in the three institutions, and there are 213 pediatric teaching beds available for the teaching program (not including the nursery beds).

The teaching program correlates medical student and house staff training. This type of training program results in an ever-increasing opportunity for the house staff to participate in academic teaching and research. Daily experience is directed primarily toward the understanding of basic principles and practices of pediatrics.

Training for the first-year resident consists of inpatient and ambulatory assignments, with rotations through general pediatric medical, pediatric surgical, adolescent and young adult services, and developmental pediatrics.

Ambulatory experience includes appropriate services integrated with the inpatient program. Specialty experience is available in general pediatrics, in pediatric medical and surgical sub-specialties, and on an inpatient and outpatient basis in growth and development, preventive pediatrics, allergy/clinical immunology, cardiology, endocrinology and metabolism, genetics, hematology/oncology, psychiatry, psychology, neurology, radiology, poison control, accident prevention, and birth defects.

The emergency room/triage/acute care services are staffed by residents with continuous consultation service by the full-time and volunteer staffs.

The neonatal nurseries are under the direction of the Department of Pediatrics. Under close supervision, the resident becomes acquainted with the newborn infant during and after discharge from the hospital.

The resident has inpatient responsibility and receives teaching experience under the direct supervision of a senior resident and volunteer or full-time staff members. Attending pediatricians act as supervisors and consultants to pediatric residents.

The second-year resident rotates through general pediatric medical, pediatric surgical, adolescent, neonatal, and hematology/oncology services with supervisory responsibility for G1 residents and junior and senior medical students. The third-year resident rotates through allergy/clinical immunology, cardiology, the neonatal intensive care center, the pediatric intensive and intermediate care centers, and elective services.

The pediatric residency training program is integrated at all levels of training with inpatient and ambulatory services at Mount Sinai Hospital Medical Center and Christ Hospital.

Inquiries concerning the program should be directed to Jerome O. Kaltman, M.D., program director.

Section of
Adolescent and
Young Adult Medicine

Gary R. Strokosch, M.D., Director

The focus of the Section of Adolescent and Young Adult Medicine is the comprehensive health care of patients approximately 12 to 21 years of age. The 35-bed inpatient unit at Rush-Presbyterian-St. Luke's Medical Center and a similar unit at Christ Hospital provide the setting for inpatient training. Outpatient facilities at Rush-Presbyterian-St. Luke's Medical Center, Christ Hospital and Mt. Sinai Hospital Medical Center provide the setting for ambulatory training.

The section staff provides residents and fellows supervised experience with ambulatory and hospitalized patients. Residents spend approximately ten percent of their time in outpatient offices and are responsible for the general health care of adolescents including the follow-up care of patients hospitalized on the adolescent and young adult inpatient units. Rotations are formally assigned at both Presbyterian-St. Luke's and Christ hospitals and include formal rounds, patient conferences and lectures. Clinical research is encouraged of residents and required of fellows. First- and second-year pediatric residents are assigned to the adolescent inpatient units for one month rotations. Fellowships are available at the end of the third year of residency training.

Inquiries for fellowship should be directed to Gary Strokosch, M.D.

Section of
Ambulatory Pediatrics

Steven Waskerwitz, M.D., Director

The diversified program in ambulatory and community pediatrics is designed to prepare the physician for a career either in pediatric practice or in academic ambulatory pediatrics. The section offers supervised experience in screening and crisis care, comprehensive care, continuity care, preventive pediatrics, adolescent medicine, and subspecialties.

The outpatient program offers the house officer an opportunity to work in several settings: hospital-based clinic practice, health maintenance organization, multispecialty group practice, community-based clinics and single specialty (pediatric) group practice.

The program affords an opportunity to work with multidisciplinary groups dealing with children who have learning disorders, developmental problems, and multiple handicaps. Experience is gained in the effective use of resources, such as nutritionists, psychologists, public health nurses, social workers and community agencies.





Section of
Pediatric Cardiology

H. Gunther Bucheleres, M.D., Director

The patient population served by the section originates from within and outside of the Rush network system as well as from various local and state agencies. Close interaction exists between the section and the Rush Regional Perinatal Center in the care of premature infants. The section staff participates in undergraduate and graduate medical education programs. Investigative efforts focus upon clinical research, including collaborative studies with other pediatric cardiology centers.

Approximately twelve residents are assigned to this program each year for a service period of four weeks. The entire training is given at Rush-Presbyterian-St. Luke's Medical Center.

The curriculum covers both the clinical and laboratory diagnosis of pediatric heart disease. Clinical conferences, ward rounds and ambulatory settings develop the trainee's experience in diagnosis and management. The trainee participates in intraoperative and postoperative patient care.

Community Pediatrics
Program, Mile Square
Health Center

Frank Puc, M.D., Director

The development of the neighborhood health center represents a relatively new approach to comprehensive family-oriented medical care for poverty areas. The Mile Square Health Center serves a community of 23,000, half of whom are in the pediatric age group. The philosophy of the center stresses continuous, coordinated, comprehensive care.

General pediatric care is given in the center. Routine laboratory and radiological services are available on the premises.

A program for the training of nurse associates has been functioning since the inception of the center in 1967. Nurse associates function in the preventive aspects of pediatric care and "pediatric screening."

Section of
Cytogenetics and
Biochemical Genetics

Paul Wong, M.D., M.Sc., Director

This section provides clinical and laboratory training in genetics for pediatric, obstetric and other residents. Electives are also available for medical students. Participation in research may be arranged.

The section offers residents supervised experience with inpatients and outpatients referred from both inside and outside the city of Chicago. Clinical experience includes infants and children with physical malformations, mental retardation, metabolic disorders, and other inherited diseases; couples with fertility problems, recurrent miscarriages or abnormal children; patients with abnormal sexual development; and older pregnant women and women with histories of genetic problems.

The residents will learn genetic principles, pedigree analysis, diagnostic procedures, therapeutic approaches, counseling and prenatal diagnostic techniques. Laboratory experience may be arranged. Current research projects concern homocysteine metabolism in coronary heart disease, treatment of Down's syndrome, and new therapeutic approaches in metabolic disorders.

Section of Pediatric
Hematology/Oncology

Herbert Kaizer, M.D., Ph.D., Director

The Section of Pediatric Hematology/Oncology provides services for inpatient and outpatient care of children with serious disorders of the blood, or malignant tumors. Consultation is provided for the nurseries and pediatric sections. Participating in the Children's Cancer Cooperative Study Group, patients with leukemia or certain solid tumors are treated under regimens directed by protocol studies designed by this group.

The pediatric resident is encouraged throughout his residency to attend the conferences conducted in the section, and to consult

Section of
Human Development

with the service. The second- and third-year pediatric resident rotates on the service and works directly with the attending physician and fellow. The resident participates in laboratory procedures, tumor conferences, bone marrow conferences, lectures, seminars and ward walks.

Cecilia Brocken, Ph.D., Director

Pediatric psychologists in the Section of Human Development provide services to the pediatric patient—infancy through young adulthood—on both an inpatient and outpatient basis. A broad range of diagnostic, therapeutic and consultative services emphasizes early assessment and intervention, family involvement, and close collaboration with medical and other health care staff.

The developmental pediatrics faculty, an interdisciplinary group coordinated by the section director, is responsible for teaching the developmental/psychosocial curriculum of the pediatric residency training program. In addition to the educational opportunities inherent in the collaborative patient care which characterizes the pediatric service, formal training activities in developmental, psychosocial and behavioral aspects of patient care are provided in a required subspecialty rotation.

Research activities currently directed by pediatric psychologists include the neurodevelopmental sequelae of premature infants; implementation of a Failure-to-Thrive protocol; the study of attitudes toward weight and the stigma of obesity; and ongoing research in behavioral neuropsychology and child abuse.

Pediatric Infectious
Disease Program

Catherine Lamprecht, M.D., Director

The Pediatric Infectious Disease Program provides inpatient consultation services for children with a variety of infections. Surveillance of nosocomial infections and methods of prevention are also provided.

Residents and students may elect to take a month of special training in pediatric infectious disease. Participation in consultations, conferences, seminars and ward rounds is encouraged. Research interest of the section include: (1) studies on the incidence and clinical evaluation of congenital infections; (2) antibiotic therapy, evaluation of recent drugs; and (3) respiratory viral infections in children.



Section of
Neonatology

Werner Meier, M.D., Director

The newborn services at Rush-Presbyterian-St. Luke's Medical Center, Mount Sinai Hospital Medical Center and Christ Hospital admit approximately 8,000 babies a year.

The Rush Perinatal Center serves 11 designated hospitals with 22,000 deliveries a year. It is designated as a Regional Perinatal Center by the Illinois Department of Public Health. Patients are admitted to the special care (intensive and intermediate care) and general care nurseries from both "in-hospital" deliveries and from the special care units of network hospitals via a highly specialized transport system for sick infants.

House staff trainees from pediatrics, first and second year, and first-year residents from family practice, obstetrics/gynecology and anesthesia are assigned to the newborn service. Fourth-year medical students are allowed monthly elective rotations in neonatology.

Neonatology fellowships are available. The fellows supervise patient care, assist with teaching and participate in research and other special projects.

The Special Care Nursery Follow-Up Program provides continuity of care for babies with problems related to the perinatal period that continue after discharge. Long-term multidisciplinary follow-up is also conducted, including social service, psychology, physical and occupational therapy and neurology coordinated by the Section of Neonatology.

Pediatric
Nephrology Program

Howard B. Levy, M.D., and Ruth London, M.D., Co-Directors

Activities in this program include both diagnostic and therapeutic management of all renal problems seen in children, ranging from those of a structural nature through those of immunologic import. Implicit in this program is a close liaison with the urology service, in an effort to provide an integrated approach to small children with congenital or acquired structural abnormalities. Acute as well as chronic peritoneal and hemodialysis are available in addition to an acute transplant program.

Percutaneous renal biopsies are performed and the tissue analyzed at Medical Center facilities which are readily available to provide immunofluorescence as well as electron microscopy. Didactic seminars in topics relating to nephrology are continuous over the course of each year. Research areas of interest currently focus on pediatric hypertension, cystic disease of the kidney, and various immunologic aspects of glomerulopathies. Two new research projects involving vitamin D metabolism in neonates and the tubular handling of uric acid in dehydrated states in infants are being presently pursued. Elective rotations for residents are available and encouraged.

Department of
Psychiatry

**Jan A. Fawcett, M.D., The Stanley G. Harris, Sr.,
Professor, Chairman**

Robert G. Zadylak, M.D., Director of Medical Education and
Residency Training

Katie Busch, M.D., Assistant Director of Medical Education and
Residency Training

The Psychiatry Residency Training Program at Rush-Presbyterian-St. Luke's Medical Center is a four-year program in general psychiatry offering a developmental approach to the acquisition of the knowledge, skills and attitudes necessary for competency as physician and psychiatrist. Its objectives are to develop sound clinical judgement, and knowledge of the diagnosis, treatment and

prevention of psychiatric and common neurologic disorders. The program offers a balance of psychodynamic and biologic psychiatry with opportunity for subspecialization, particularly in dynamic psychotherapy, research, geriatric psychiatry, forensic psychiatry and consultation-liaison.

Psychiatry residents at the Medical Center have the opportunity to work with a broad spectrum of patients: drug abusers, alcoholics, emotionally ill children, adults, and elderly and, in controlled situations, the criminally insane. Clinical experience includes hospitalized patients, day hospital patients and outpatients. Residents also provide care annually, through the Psychiatric Consultation-Liaison Service, for over 500 medical and surgical patients who experience emotional problems related to their illnesses.

The residency training program of Rush-Presbyterian-St. Luke's Medical Center is accredited by the American Board of Neurology and Psychiatry. The four-year program is divided into four tracks of varying lengths. Each track offers instruction and experience in specific areas of psychiatry, coordinating clinical rotations with didactic work and supervision.



Track I (18 months)

Medicine and neurology rotations, rotations on inpatient open and closed psychiatric units and geriatric psychiatry unit.

Track II (15 months) Rotations in consultation-liaison, outpatient and child psychiatry.

Track III (3 months)

Rotations designed to develop understanding of psychiatric administration, teaching, supervision and related clinical skills.

Track IV (12 months)

Elective rotations.

At the Marshall Field IV Center, the administrative base of the Department of Psychiatry, are the following ambulatory services: Adult Outpatient Clinic; Alternative Hospitalization Program, a daily program for adolescents and adults who need more extensive treatment than is possible on a regular outpatient basis; and Children's Day Hospital, a program for children ages three to 12, combining daily classroom instruction and therapy. These outpatient services are staffed by faculty, residents, psychiatric nurses, psychologists, and social service professionals, and average 900 patient visits per month.

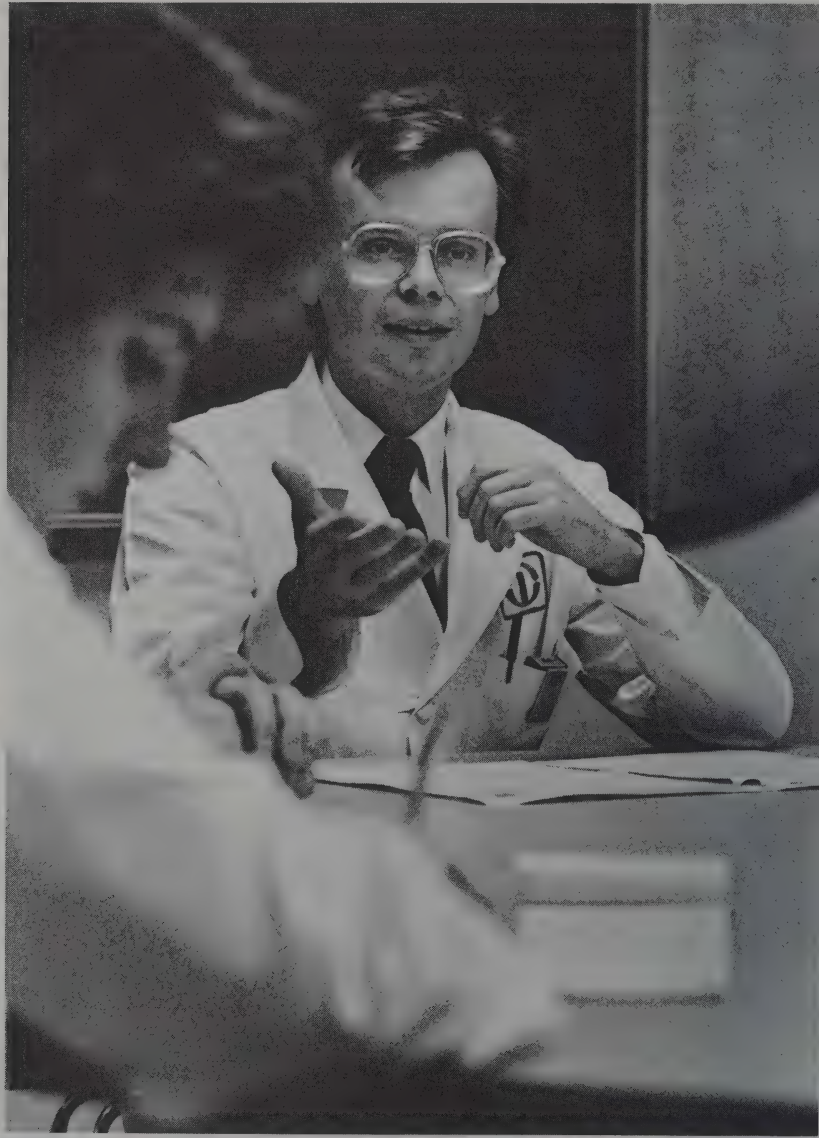
Presbyterian-St. Luke's Hospital has a general psychiatric open unit with 31 beds; an intensive care psychiatric unit with 19 beds; a general psychiatric closed unit with 11 beds; and a psychiatric stress unit with 15 beds. At the Johnston R. Bowman Health Center for the Elderly there is a 21-bed geriatric psychiatry unit, where treatment is tailored to the needs of older patients. Sheridan Road Hospital has an alcohol and substance abuse program, with a 20-bed inpatient unit and individual and family therapy on an outpatient basis; a Stress Disorders Unit, with 15 beds, providing treatment for the physical, emotional and social problems resulting from stressful life situations; and a closed psychiatric unit with 30 beds for general psychiatric patients. There are a total of 162 psychiatric beds in the Medical Center which have, on an average, a 95 percent occupancy rate.

Under the codirection of Michael F. Basch, M.D., and Arnold I. Goldberg, M.D., the Center for Psychotherapy has been developed within the outpatient section of the department. It has three components: education, service and research. The center directs training in interviewing skills in Track I, courses in beginning and advanced dynamic psychotherapy and theory in Tracks I-IV, and an intensive individualized elective for residents in Track IV. Post-residency training in dynamic psychotherapy is also offered.

Currently the department offers one-year postgraduate fellowships in consultation-liaison, forensic and geriatric psychiatry. The Consultation-Liaison Service is directed by Stephanie von Ammon Cavanaugh, M.D.; the Section of Psychiatry and the Law by James L. Cavanaugh, M.D., and Barbara Weiner, J.D.; and Geriatric Psychiatry by Lionell Corbett, M.D., Lawrence W. Lazarus, M.D., and Andrew Ripeckyj, M.D.

The following research projects are ongoing within the department: Collaborative Depression Study; Psychobiology of Affective Disorders; Alcoholism and Lithium Drug Studies; Treatment of Mentally Disordered Offenders; Psychotherapy Research; Treatment of Depression Study; Cognitive Therapy; Depression in Medically Ill Patients; Anhedonia and Affect Deficit States; Psychobiology of the Elderly; Phenylethylamine in Affective Illness; Family Therapy; and Violence and Suicide in Adolescents and Children.

Inquiries should be addressed to Robert G. Zadylak, M.D., Director of Education and Residency Training.



The Department of Psychology and Social Sciences is an independently organized department of Rush Medical College, The Graduate College, and Presbyterian-St. Luke's Hospital. Departmental members are responsible for a significant portion of the behavioral sciences curriculum in the Medical College and participate in course offerings in the College of Nursing. The department also offers a Ph.D. program in health psychology through The Graduate College.

The department provides clinical psychological services on a consultation basis to all inpatient medical departments. These services include answering general behavioral diagnostic questions, provision of short-term psychological interventions, and liaison with medical staff providers. In addition, diagnostic and intervention services are provided through specialized programs in cancer, child psychology, gerontology, neuropsychology, pain and stress management, and sleep disorders. Outpatient services are also provided through the Health Care Center for diagnosis and management of pain, stress, and specific health and illness-related behavioral disorders, through the neuropsychology service for cognitive remediation, and through the Sleep Disorders and Research Center for disorders of sleep and wakefulness.

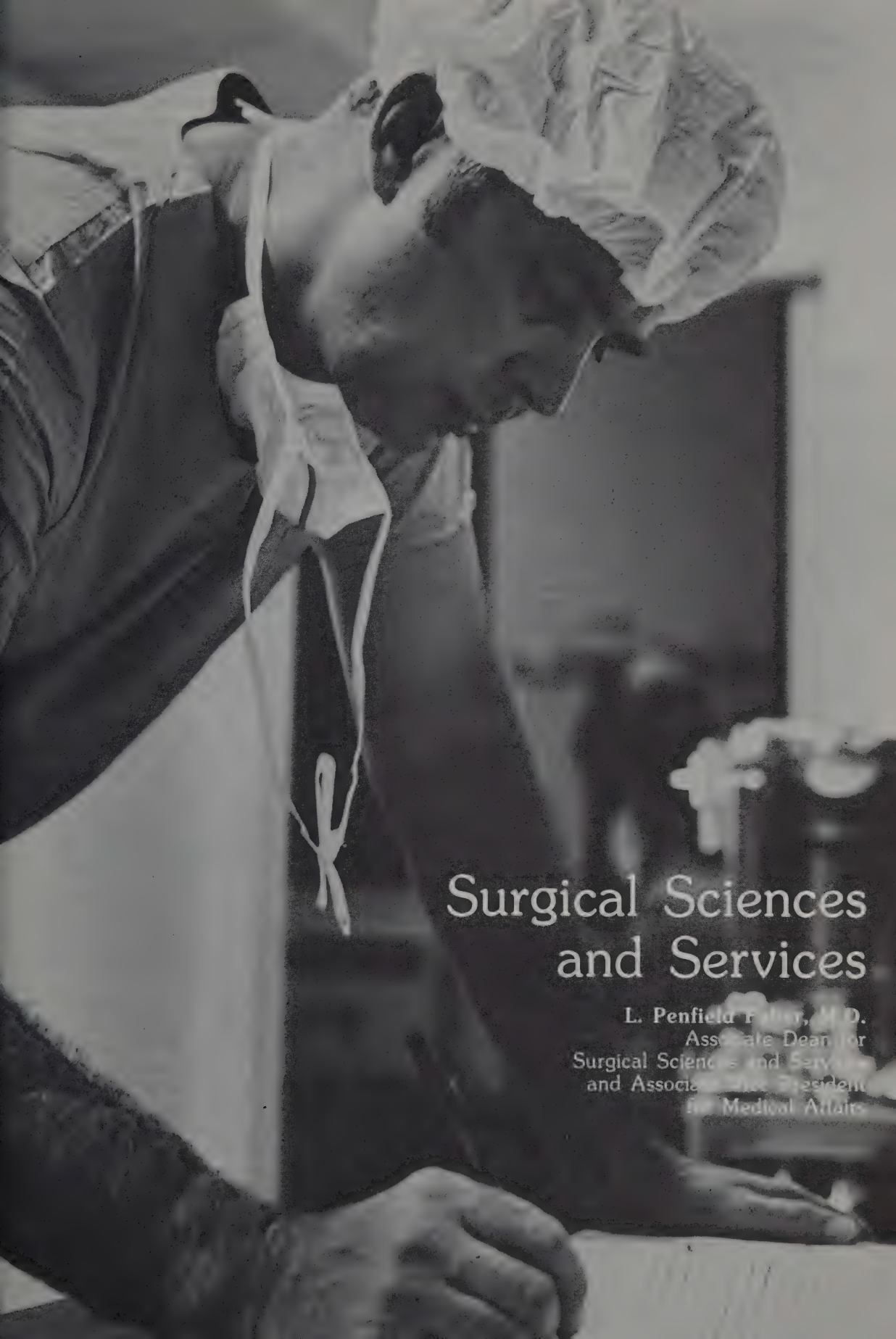
The department is also heavily involved in research endeavors in many aspects of interaction between psychology and medicine. A sampling of currently active research topics includes: cognitive and affective changes in patients with Parkinson's Disease; assessment during the WADA procedure; chronic pelvic pain in males and females; a mechanical device for treatment of sleep apnea; role



loss, depression, and dreaming; sleep studies of persons at risk for bipolar depression; effects of sleep apnea on the marital relationship; psychology and mental health services in HMOs; evaluation and assessment of headache disorders; behavioral studies of myotonic dystrophy; personality disorders in Huntington Chorea and Tourette's Syndrome; assessing the effects of counseling in cancer patients; evaluation of malingering in patients with low back pain; the role of cognitive variables in obesity and insomnia; psychological characteristics of patients with fibrositis; and cerebral decline in aging.

The department offers a predoctoral clinical psychology internship program which is fully accredited by the American Psychological Association. Interns apply to one of five specialty programs: Clinical Child Psychology, General Clinical Psychology, Health Care Psychology, Clinical Neuropsychology, and Psychology of Sleep Disorders. Approximately 60 percent of the time is spent in specialty-related training during the internship year, with the remaining 40 percent devoted to generalized training, conferences, and seminars. One postdoctoral fellowship is also offered for a two-year period in clinical neuropsychology.

Supervision in training is provided by a 25 member clinical psychology staff, many of whom are board certified. The internship and postdoctoral fellowship begin on July 1. Inquiries should be directed to Linas A. Bieliauskas, Ph.D., Director of Clinical Training.



Surgical Sciences and Services

L. Penfield Fisher, M.D.
Associate Dean for
Surgical Sciences and Services
and Associate Vice President
for Medical Affairs

**Department of
Anesthesiology**

Anthony D. Ivankovich, M.D., Chairman

The Department of Anesthesiology offers a four-year residency approved by the American Board of Anesthesiology. The anesthesiology house staff is made up of 22 residents. The program is an integrated, progressive clinical experience directed toward providing excellence in the performance of anesthesiology functions. The acquisition of a broad scientific background is necessary to prepare residents for the rest of their professional lives.

The "clinical base" year is designed to provide residents with a background in the fields of medicine which are in constant interplay with anesthesiology. During the first three years of training, residents are expected to spend a total of 12 months outside the Department of Anesthesiology, training in medicine, surgery, pediatrics and other fields which may be of interest to anesthesia practice. The clinical base year should give residents the background necessary to deal with the respiratory, cardiovascular and other medical problems which are important components of intelligent anesthetic practice. After a mandatory rotation in internal medicine, the resident will be given choices of training in such specialized areas as the high-risk neonatal nursery, obstetrics and gynecology, nephrology, endocrinology and cardiovascular surgery.

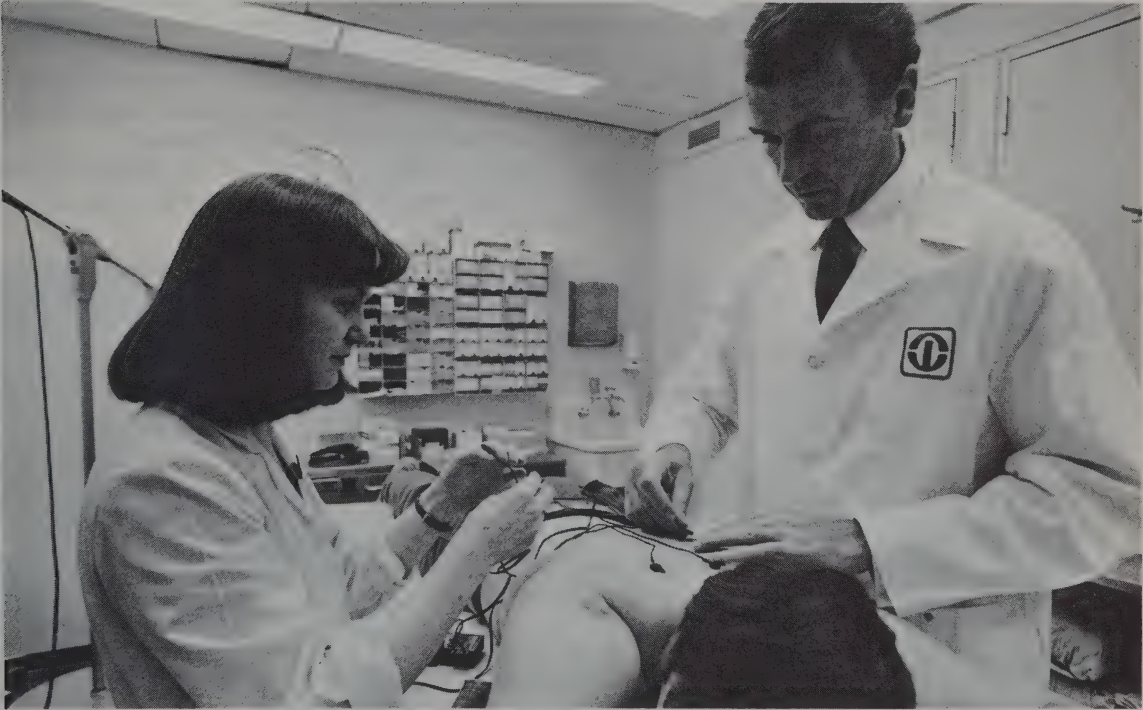
During "clinical anesthesiology training" (second and third years), under the strict supervision of the academic staff, residents will be given increasing responsibilities in the management of patients undergoing anesthesia in the operating room, the labor and delivery suite, and special care areas such as radiology. With increasing responsibility come assignments to specialty areas such as neurosurgery, cardiovascular surgery, obstetrics, surgical intensive care, and the Pain Center. Supervision of the residents, whenever possible, is established on a one-to-one basis with a member of the faculty.

The fourth or "specialized year" follows the guidelines of the American Board of Anesthesiology. It fulfills individual desires for advanced training in such areas as obstetrical and cardiovascular anesthesia and management of chronic pain and is open to the development of specialized training in various other areas. Enhancing the experience of residents during the specialized year are three sections in the Department of Anesthesiology. The Section of Obstetrical Anesthesia directed by William Gottschalk, M.D., FACA, FACOG, is dedicated to the anesthetic care of the pregnant patient, one-on-one supervision and education occurs with every patient undergoing anesthesia. Because of the nature of the obstetrical practice at the Medical Center, much time is spent both formally and informally in the teaching of the pathophysiology of fetal maternal medicine, particularly with regard to anesthetic practice. The Pain Center, under the direction of Anthony D. Ivankovich, M.D., Chairman, is a very active part of the department. It is dedicated to the care of patients suffering from chronic pain of various causes. Investigation is an ongoing aspect of this section. The Section of Critical Care Medicine, Gilbert Carroll, M.D., Director, is concerned with the care of patients in the surgical intensive therapy unit at RPSLMC. Many areas of investigation are under the aegis of this section. Academic pursuits are the underpinning of the "specialized year". Opportunities to develop or improve research skills are available with research scientists in this department as well as with those in other departments.

Our research efforts encompass both basic sciences and clinical investigation.

Although there is a busy and varied operating schedule, great importance is given to formal education. Weekly grand rounds, tutorials, didactic lectures, mandatory attendance at the Illinois Society of Anesthesia Study Commission, the Chicago Society of Anesthesia meetings, and joint conferences with other institutions, make this program a highly structured one, both outside and inside the operating theater.

Inquiries concerning the program should be directed to Anthony D. Ivankovich, M.D., Chairman, William Gottschalk, M.D., Associate Chairman, or Donna Ritacco, Education Coordinator.



**Department of
Cardiovascular-Thoracic
Surgery**

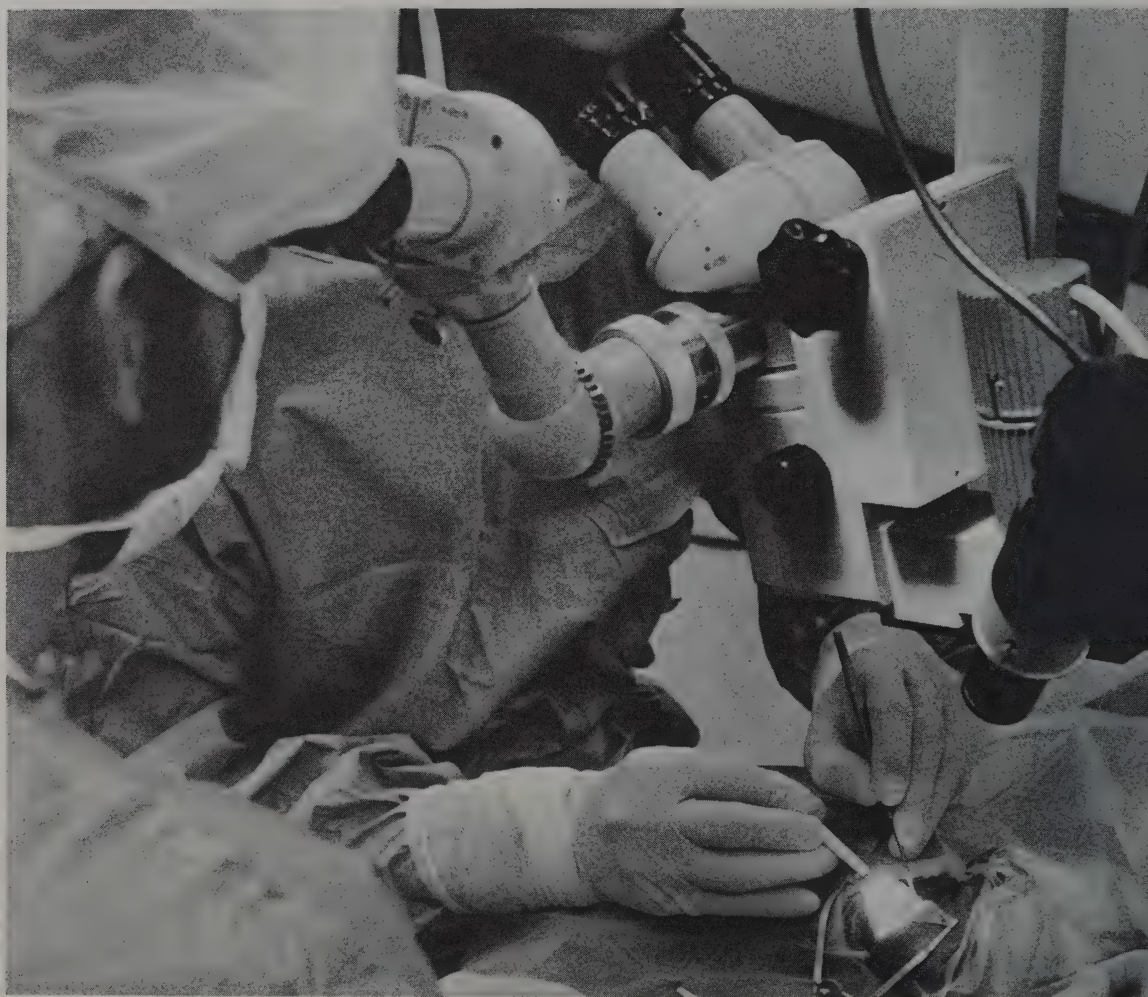
**Hassan Najafi, M.D., Chairman and Director, Section of
Cardiovascular Surgery**

C. Frederick Kittle, M.D., Director, Section of Thoracic Surgery

The Department of Cardiovascular-Thoracic Surgery offers a two-and-one-half to three-year residency program in cardiovascular and thoracic surgery accredited by the American Medical Association. The two sections have separate patient care functions, but share a strong, common goal in the training program. Two residents are appointed each year on January 1 or July 1. Completion of an approved surgical residency and eligibility for examination by the American Board of Surgery are prerequisites for consideration. Applicants in this program who have successfully completed their training requirements are then eligible for examination by the American Board of Thoracic Surgery.

The focus of training in the department is directed toward providing opportunity for the resident to obtain an appropriately progressive education in the field of cardiovascular and thoracic surgery and encouraging clinical research and publications.

The major clinical rotations include three months at Children's Memorial Hospital in Chicago, six months of senior responsibilities in peripheral vascular surgery, nine months of senior responsibilities in general thoracic surgery and 12 months of senior assignments in adult and congenital cardiac surgery.



All patients admitted to the service are available for teaching. Daily rounds are conducted by attending physicians and provide excellent training in bedside clinical diagnosis. The department sees approximately 3,000 patients each year. Open heart procedures, abdominal aneurysmectomy, aortic bifurcation grafting, carotid endarterectomy, femoral-popliteal bypass, and coarctation of the aorta are just a few examples of frequent procedures performed in the cardiovascular surgery section. In thoracic surgery, common procedures include segmentectomy, lobectomy, pneumonectomy, decortication bronchoplasty and sleeve resection.

At weekly formal cardiovascular-thoracic conferences, cases of interest are presented by several participating institutions from the city and suburbs. A monthly session provides the opportunity for residents to meet invited professors. Time is also allotted for the teaching of thoracic radiology and pathology by informal instruction and regularly scheduled conferences. Residents are encouraged to submit papers for publication and presentation to national societies and journals. In addition, residents are sent to one of the scientific sessions of the Society of Thoracic Surgeons or the American Association for Thoracic Surgeons.

Within the department, several programs are readily available to interested residents. If the resident chooses to spend one year in the laboratory prior to clinical education, opportunity will be given to acquire a master's degree in surgery during this period.

Inquiries concerning the program should be directed to the chairman.

Department of General Surgery

**Steven G. Economou, M.D., The Helen Shedd Keith
Professor, Chairman, Chief, Service II**

Alexander Doolas, M.D., Director, Undergraduate Surgical
Education, Chief, Service IV

William C. Hopkins, Sr., M.D., Chief—Service B

Leon R. Kelleher, D.D.S., Director, Section of Dentistry

Nahim H. Nasralla, M.D., Chief—Service C

Jack Roberts, M.D., Associate Program Director,

Department of Surgery, Christ Hospital

Juan A. Rodriguez, M.D., Chief—Service A

David L. Roseman, M.D., Director, Surgical Research,
Chief, Service III

William D. Shorey, M.D., Director, Postgraduate Surgical
Education, Chief, Service I

Albert K. Straus, M.D., Ph.D., Associate Director, Surgical
Research

The General Surgery residency training program at Rush University is accredited by the Residency Review Committee for Surgery for five years of training. Seven five-year and six one-year appointments are available.

The educational program allows the trainee to obtain a well-rounded and progressive education, both in basic and general surgery and in the surgical specialties. The program is integrated at Presbyterian-St. Luke's Hospital and Christ Hospital in the Chicago area and is affiliated with Children's Hospital National Medical Center, Washington, D.C. and the Maryland Institute for Emergency Medical Services Systems, Baltimore. The department at Rush Presbyterian-St. Luke's Medical Center has over 2,000 admissions a year, with a somewhat larger number at Christ Hospital. Approximately 3,250 surgical procedures are performed annually at Rush-Presbyterian-St. Luke's Medical Center, and approximately 3,350 at Christ Hospital.

First-year residents spend six months in general surgery; it is divided into three two-month rotations. Additionally, one month

each is spent on cardiovascular-thoracic surgery, emergency room, and the Surgical Intensive Care Unit. Three months are available for elective rotations in such specialties as plastic and reconstructive surgery, E.N.T., urology, or neurosurgery.

The second year of training completes the core training program in basic surgery. There are seven rotations: four in general surgery, one in gynecologic surgery, one in orthopedic trauma, and one in pediatric surgery at the Children's Hospital National Medical Center, Washington, D.C. The second-year residents begin to participate in the teaching of medical students and first-year residents, assisted by the senior residents and attending surgeons.

Assignments during the third year of residency are more flexible. Each third-year resident performs a two-month rotation on the Emergency Room Service at the Maryland Institute for Emergency Medical Services Systems, Baltimore. There will be rotations to most of the following: anesthesia, burns, computer technology, endoscopy, pathology, as well as two additional general surgical services. Qualified residents who wish to become involved in a research project are encouraged to do so. Their schedules will be arranged with the chairman of the department.

The fourth-year program is one of full clinical activity, with the resident assuming increased responsibility for the primary management of patient care. There are two-month rotations in thoracic surgery and as the "chief" resident in peripheral-vascular surgery.

Each fifth-year resident spends the entire year as a senior surgical trainee on one of the general surgery services.

Because Presbyterian-St. Luke's Hospital is a tertiary care institution many of its patients have complex surgical problems. Accordingly, a large number of operations are performed within its new, 22-room surgical suite, including some of the most sophisticated in nature. Christ Hospital has a similarly large number of patients with surgical problems, a higher proportion of which are primary. This varied population of patients offers trainees the full spectrum of a surgical clinical experience.

Every board-certifiable specialty in surgery is represented at Rush, which allows a resident to interact with his peers from many disciplines during the care of patients.

All residents with each surgical service make patient rounds as a group at least once daily. Informal rounds with attending surgeons are made daily, and formal rounds less frequently. A broad range of conferences are held throughout the institution, many with a surgical orientation and some conducted by the department. These include tumor, breast, lymphoma, C-V and GI conferences.

The faculties of both hospitals meet jointly for conferences every Saturday. These include case management and pathology conferences, and formal lectures by attending surgeons and residents. Those held every Thursday include journal review, morbidity and mortality conference, and surgical specialty lectures.

Last year, more than 40 renal transplants were performed at Presbyterian-St. Luke's Hospital. This service is a component of Surgical Service III, whose residents enjoy the rich experience of caring for these patients and their many challenging problems. We also have a very active organ procurement program.

Section of Pediatric Surgery

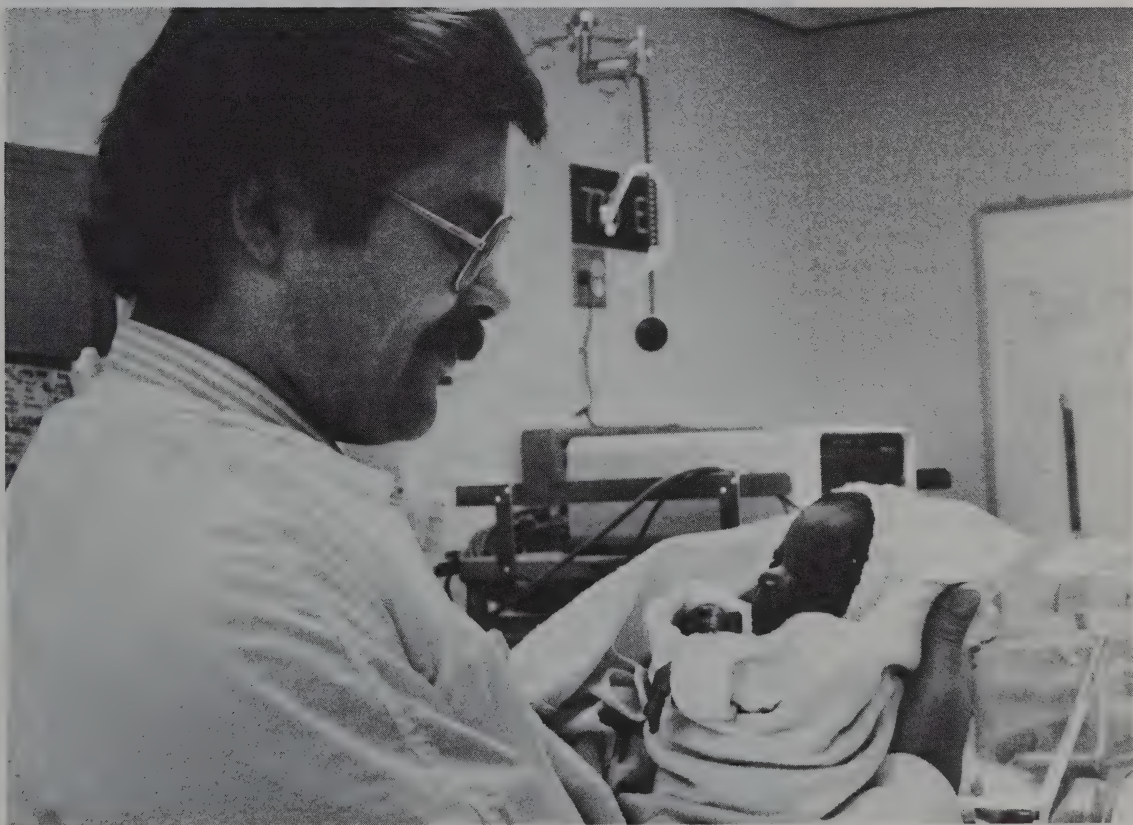
The focus of the Section of Pediatric Surgery at Presbyterian-St. Luke's Hospital is the delivery of optimal care to infants, children, and adolescents with critical problems consistent with the tertiary care commitment of the hospital. House officers are responsible for the pediatric surgical patients during their assignment to the General Surgery Service IV. Our Perinatal Care Center for high-risk infants increases the number of patients seen with congenital anomalies that require surgical management. Two days a week are assigned to this section for elective surgery. Ward rounds are held regularly. This experience is in addition to that gained at the Children's Hospital National Medical Center, Washington, D.C.

Section of Dentistry

Leon R. Kelleher, D.D.S., Director

The Section of Dentistry is a clinically-oriented service whose major academic effort revolves around its General Practice Residency Program. The dental service is fully accredited by the Council on Hospital and Institution Dental Services of the American Dental Association. The General Practice Residency Training Program is fully accredited by the Council on Dental Education.

The dental service is built around a nucleus of hospital-trained general practitioners and includes representatives of several specialties. The major portion of the clinical experience is in private outpatient treatment, with emphasis on management of the medically-compromised patient.



The training program is flexible, according to the needs and interest of the trainee. It includes a concentrated three-month rotation in pain control, anesthesiology, and intravenous sedation. The medical aspects of dental practice and opportunities to participate in treating the handicapped, the aged, and the acute or chronically ill are emphasized. Each resident receives extensive experience in all aspects of oral surgery that might be encountered by a well-trained general practitioner.

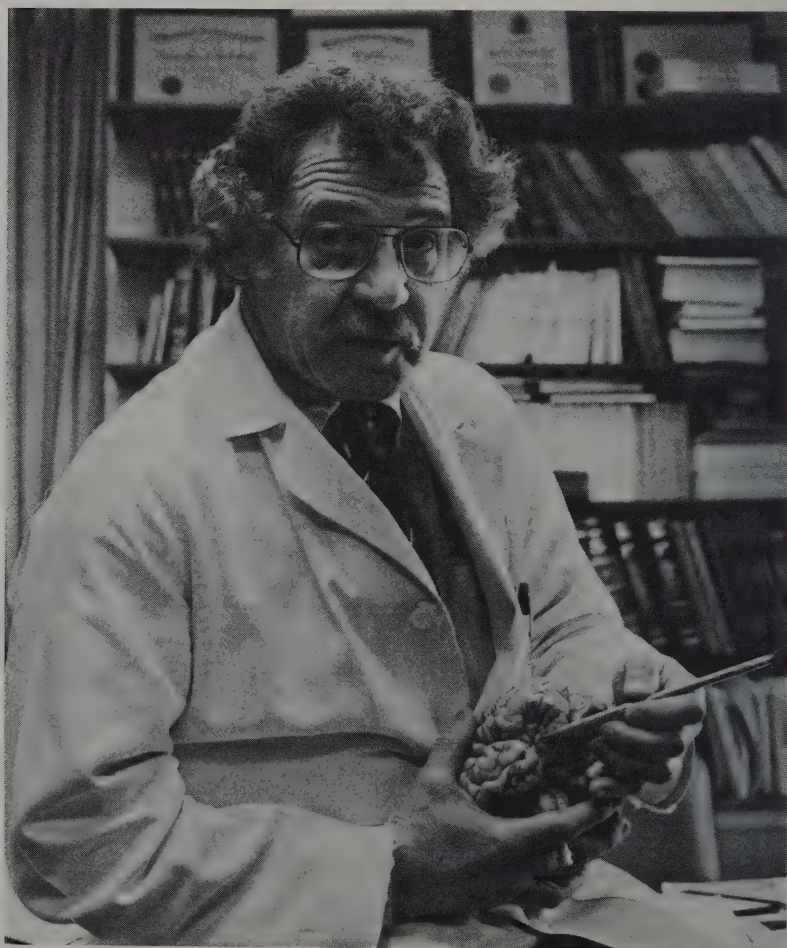
Direct inquiries concerning the program to William D. Shorey, M.D., Director, Postgraduate Surgical Education.

Department of Neurological Surgery

Walter W. Whisler, M.D., Ph.D., Chairman

The Department of Neurological Surgery offers one position annually in a six-year, post-M.D. training program approved by the American Board of Neurological Surgery. The clinical aspects of the program are organized around the principle of progressive, graded responsibility with appropriate supervision.

During the first year, time is spent on rotation through general surgery and other surgical departments to develop a broad knowledge of the surgical arts and sciences. The second year is spent in clinical neurosurgery with emphasis on diagnostic neuroradiology. In the third year, there is a six-month rotation in neurology and six months in neuropathology. The fourth year is set aside for research or electives, and the last two years are devoted to clinical neurosurgery. Rotations often can be modified to accommodate special interests.



Training is centered within Presbyterian-St. Luke's Hospital. There are approximately 512 neurosurgical procedures performed per year.

The program is designed to present the basic neurological sciences as well as the practical aspects of neurosurgery. During the year, residents will attend neurology and neurosurgery grand rounds, brain cutting seminars, and a neurosurgical topic seminar. During the first part of the neurosurgical training, the resident will attend the Cook County Postgraduate Neuroscience Course. Primary among the strengths of the Department of Neurosurgery is the broad variety of clinical problems that are studied and managed. Besides general cranial, spinal, pediatric, and epilepsy neurosurgery, many microsurgical and stereotaxic procedures are performed.

Research facilities within the Department of Neurological Surgery include laboratories for neurochemistry, neurophysiology and tissue culture. The Department of Neurosurgery includes two full-time Ph.D.s who are actively engaged in research. Some of the projects that are carried out are done with the cooperation of other departments and other institutions. They include: investigation in motor physiology; spasticity; immunology of brain tumors; implantable drug pumps, neuro-imaging, and cerebral vascular disease. Thus, a broad range of clinical as well as experimental projects is being carried out within the department, and there is an opportunity for the interested resident to participate in these activities during residency training.

**George D. Wilbanks, M.D., The John M. Simpson Professor,
Chairman**

Bernard Zellinger, M.D., Chairman, Christ Hospital

Norman Neches, M.D., Director, Integrated Residency Program,
Presbyterian-St. Luke's Hospital

Vinod Patel, M.D., Program Director, Christ Hospital

The Department of Obstetrics and Gynecology offers a four-year post-medical school training program approved by the American Board of Obstetrics and Gynecology. The residency emphasizes comprehensive experience in all phases of obstetrics and gynecology, as well as experience in internal medicine, neonatology, anesthesiology, intensive care, and obstetric and gynecologic pathology. The physician is prepared for the practice of general obstetrics and gynecology, for further subspecialty training, or for a career in academic obstetrics and gynecology. This is an integrated residency program that combines the departments of obstetrics and gynecology of both Presbyterian-St. Luke's and Christ hospitals to provide a total, well balanced experience. Elective time may be spent in clinical rotations or basic research programs in the Department of Obstetrics and Gynecology or in related specialties depending on the interest of the individual resident. There are seven positions at each level of a four-year program for a total of 28 residents. Fellowships are available in maternal/fetal medicine and reproductive endocrinology and infertility.

All members of the attending staff are certified by the American Board of Obstetrics and Gynecology. They are actively engaged in teaching programs for house staff and medical students. Residents at all levels are involved in student teaching at Rush Medical College.

**Department of
Obstetrics and
Gynecology**

During the first year, the resident spends six months in obstetrics and gynecology, learning basic patient management skills and simple operative techniques. There is rotation through general medicine, the neonatal unit, and obstetrical anesthesia. In the second year, the resident assumes more responsibility in each rotation. Each second-year resident spends one rotation on the general surgical service in a setting which guarantees the resident an opportunity to first assist on major non-gynecological abdominal and urologic surgery. This helps develop the resident's competence when dealing with diagnostic and/or surgical situations involving bowel or bladder. In the third year, the resident begins to manage the sections and patients having more complicated problems, both in regard to preoperative work-up and obstetrical problems, and assumes more operative responsibility. There is a formal rotation on the high-risk obstetrics as well as the gynecologic endocrinology service, and responsibility for coverage of the emergency room. The resident supervises the obstetrical outpatient activities at Mile Square Health Center, and assumes responsibility for the gynecologic oncology service. During the fourth year, the resident serves as chief of the respective services in obstetrics and gynecology, both at Rush and at Christ Hospital. Elective time is provided to enable the resident to pursue areas of special interest. The resident also serves as a fellow on the oncology service, supervising patient activities with special emphasis on colposcopy and gynecologic pathology.

All services are available for teaching and clinical experience, which encompasses a broad scope of problems including all subspecialties as listed. Active teaching clinics are conducted in the outpatient offices located in the Professional Building, the Mile



Square Health Center, and at Christ Hospital. The services have a total of 7,500 deliveries and 5,000 operative procedures annually, with emphasis on tertiary care problems in high-risk obstetrics, oncology, endocrinology, and complicated gynecologic operative procedures.

The department has staff representation in the major obstetric and gynecologic subspecialties: perinatal biology, endocrinology and infertility (including in vitro fertilization), oncology, community obstetrics, family planning, obstetric anesthesia, sexual dysfunction, and psychosomatic obstetrics and gynecology. Each subspecialty involves interdisciplinary associations to broaden patient care, teaching and research objectives, and there is maximum interdepartmental exchange and cooperation. Faculty with these diverse backgrounds, yet with a common interest in clinical obstetrics and gynecology, offer the resident depth in basic training and opportunity for specialized consultation and learning.

Applications for this residency program should be made to: George D. Wilbanks, M.D., Chairman, or Norman Neches, M.D., Director of the Integrated Residency Program.

Section of General Gynecology

Denes Orban, M.D., Director

This section stresses the need for theoretical and practical instruction in the surgical aspects of gynecology, both abdominal and vaginal. Following the influence of Drs. Heney, Allen and Boysen, this section has strong emphasis on vaginal surgery. Concomitantly, members of the section have an interest in urological problems associated with pelvic relaxation, and a strong interest in infections in obstetrics and gynecology, where clinical research programs are ongoing.

Residents rotate through the general gynecology services each year, a program providing increasing responsibility for preoperative evaluation through surgery and postoperative care. The majority of surgical procedures are performed by the residents and supervised by the senior resident, who has adjunct attending privileges. The gynecologic attending staff has overall responsibility for all procedures performed by residents.

Formal teaching activities of this section include grand rounds, patient bedside rounds, and a daily patient management conference. Each spring, a visiting professor is invited to participate in the annual seminar on "Aspects of Gynecologic Surgery."

Section of Gynecologic Oncology

Edgardo Yordan, M.D., Director

James Graham, M.D., Associate Director

George D. Wilbanks, M.D.

The gynecologic oncology section offers a focus for continuity of care for gynecologic oncology patients. It is a multidisciplinary section which coordinates the diagnosis, management, and follow-up of the oncologic patient with diagnostic radiology, pathology, surgery, radiation therapy, and medical oncology. There are over 200 new patients each year with various gynecologic malignancies and operative procedures.

The section offers residents supervised experience in diagnosis, management, and follow-up for gynecologic malignancies. Residents spend 20 percent of their time in a multidisciplinary follow-up clinic and a diagnostic and colposcopic clinic. Rotations in gynecologic oncology are given for second-, third-, and fourth-year residents. The entire gynecologic oncology rotation is currently conducted at Presbyterian-St. Luke's Hospital.

Teaching consists of informal rounds, a weekly multidisciplinary clinic teaching conference and the formal Gynecologic Tumor Board. Topics related to gynecologic oncology are discussed at grand rounds and the general tumor conferences on a periodic basis.

Several clinical research projects are in progress within the division and in cooperation with the nationwide Gynecologic Oncology Group. All residents are involved in basic cancer patient care and may elect to pursue a clinical or basic project during their training period.

Section of
Maternal/Fetal Medicine

Howard T. Strassner, M.D., Director

The focus in the Section of Maternal/Fetal Medicine is care of the high-risk mother and fetus, both at Rush-Presbyterian-St. Luke's Medical Center and within the Rush Perinatal Network. Education of physicians is a vital portion of this responsibility.

The section offers residents and fellows supervisory experience with inpatients and outpatients. Twenty-five percent of our deliveries are high risk, totalling approximately 800 per year. Residents spend approximately 20 percent of their time in clinics, and are responsible with the fellow in maternal/fetal medicine for high-risk patients seen and admitted to Presbyterian-St. Luke's Hospital. Rotations also are available in other departments and at network hospitals. Teaching consists of informal rounds, patient conferences, lectures, and seminars. Basic and clinical research is encouraged. The resident also has the opportunity for in-depth studies of special problems of obstetrics in the Perinatal Biology Laboratory. Members of the available staff are assigned for two months at a time, and fellowships are available at the end of the final year of residency training.

Fellows must be eligible for certification by the Board of Obstetrics and Gynecology, and licensed in the State of Illinois as prerequisites to acceptance. Please direct inquiries to: Howard T. Strassner, M.D., Director, Section of Maternal/Fetal Medicine.

Section of
Psychosomatic Obstetrics
and Gynecology

Stephanie Cavanaugh, M.D., Director

Recognizing that the obstetrician-gynecologist is often the primary provider of health care to his/her patients, the Section of Psychosomatic Obstetrics and Gynecology is organized to stimulate and encourage expertise in this area. A productive liaison exists with the Department of Psychiatry. Combined appointments have produced an interdisciplinary team of clinicians and a research group. Consultation concerning patients with psychosomatic problems and/or unusual emotional difficulties is available to the staff at all times.

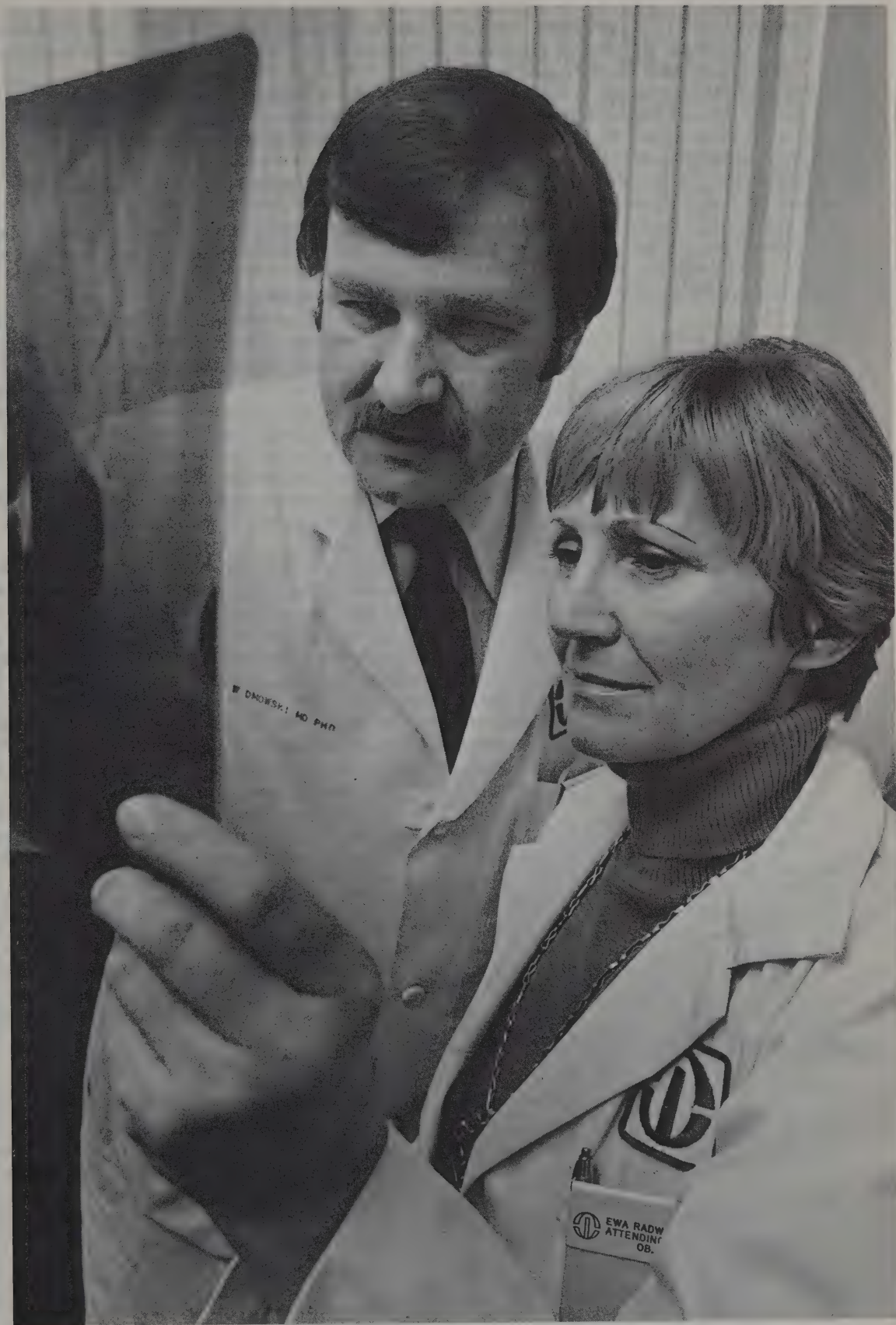
Residents have the opportunity to acquaint themselves with the effect of the emotions on reproductive and gynecologic physiology, as well as the importance of social and economic factors in physical and mental health. The case method is used as a tool in teaching. The department is devoted to the principle of good patient care and to developing new systems for delivering this care to the community. Faculty of this section attempt to stimulate trainees to develop their own special interests by providing opportunities for enhancing their understanding of and expertise in the field.

Section of
Reproductive Endocrinology
and Infertility

W. Paul Dmowski, M.D., Ph.D., Director

Ewa Radwanska, M.D., Associate Director

Reproductive endocrinology and infertility is one of three subspecialties recognized by the American Board of Obstetrics and Gynecology. The Section of Reproductive Endocrinology and



Infertility coordinates activities in this area within the Department of Obstetrics and Gynecology. The main efforts of the section are concentrated on:

1. Providing an up-to-date, comprehensive and scientific approach to the diagnostic evaluation and treatment of infertile couples, including in vitro fertilization and embryo transfer.
2. Comprehensive and scientific management of endocrine disorders in women.
3. Teaching of reproductive endocrinology and infertility at all levels of medical education—medical students, residents and subspecialty fellows.
4. Conducting clinical and basic reproductive research.

The clinical activities of the section utilize the resources of the private practices of its members. The patients are seen in the Infertility/Endocrinology Center where the complete diagnostic evaluation and ambulatory treatment of reproductive disorders are performed. The center contains a sperm bank and is backed by the Endocrine Laboratory, In Vitro Fertilization Laboratory, Microsurgery Laboratory and other facilities of Rush-Presbyterian-St. Luke's Medical Center. Procedures such as laparoscopies, hysteroscopies, in vitro fertilization, embryo transfer and infertility surgery are performed in the inpatient and outpatient surgical facilities of the Medical Center.

Teaching activities of the section consist of regularly scheduled lectures, conferences, seminars, grand rounds, case presentations, journal club meetings and other didactic sessions as well as "bedside" teaching in the Medical Center, operating room and on surgical floors. Senior students (not more than one at a time) who sign up for the elective clerkship, participate in all activities of the section under direct supervision of the resident, fellow and attending physician. They are assigned a topic for library research, the results of which they present to the staff at one of the conferences. Students may also participate at the discretion of the attending physician, in ongoing research projects.

One resident, at the third-year level, is assigned to the section for a seven-week rotation. The resident participates in all clinical, surgical and didactic activities of the section and is encouraged to either take part in one of the ongoing research projects or to develop a project of his/her own. The results of such a project may be chosen for a poster display on Rush University Day. The resident is responsible for surgical admissions, schedules, orders, dictations and discharges. During the rotation, he/she is expected to develop a basic knowledge of reproductive disorders, surgical skills in laparoscopy and hysteroscopy and to become familiar with microsurgical techniques.

The educational program of the section is approved by the American Board of Obstetrics and Gynecology for a two-year fellowship. Two fellows, one at each year level, participate in all clinical, didactic and research activities of the section. In addition, the fellows pursue their own research projects and other activities as a part of their advanced training in reproductive endocrinology.

Members of the section conduct clinical and basic reproductive research supported by intramural and extramural grants. Current research interests and activities of the section include studies on

etiologic factors of endometriosis, the effect of various treatment regimens on this disease and, in particular, the effect of a synthetic steroid, danazol, on endometriosis. Identification of an optimal method of long-term estrogen replacement, management of dysfunctional uterine bleeding, sperm separation for sex preselection, studies of luteal deficiency, and other factors affecting prognosis of induction of ovulation, such as hyperandrogenism and hyperprolactinemia are some of the examples of ongoing clinical research. Other projects include effects of tubal surgery on ovarian function, evaluation of microsurgical techniques of tubal surgery on ovarian function, evaluation of microsurgical techniques of tubal reconstruction, processing of semen for male infertility and development of improved methodology for the cryopreservation of semen.

**Section of
Ambulatory Reproductive
Health Care**

Norman Neches, M.D., Director

The Section of Ambulatory Reproductive Health Care offers a wide range of experience in the ambulatory care of the obstetrical and/or gynecological patient. These experiences include routine health maintenance, prenatal care, cancer detection, venereal disease detection and treatment, family planning, and detection and treatment of gynecologic disease.

In the ambulatory setting, the resident has the opportunity to follow the obstetrical patient both prenatally and during the postpartum period. For those gynecological patients requiring surgery, the resident follows the patient both preoperatively and postoperatively at Mile Square Health Center and in the private office of Women's Health Consultants.

Emphasis is placed on preventive medicine and patient education. A resident may elect, with consent of the director, to engage in programs to develop particular skills in this area.

**Department of
Ophthalmology**

William E. Deutsch, M.D., Chairman

Thomas A. Deutsch, M.D., Program Director

Residency training in ophthalmology is a three-year program accredited by the American Medical Association and by the American Board of Ophthalmology. Two residents are appointed each year and begin their ophthalmologic training after a one-year pre-ophthalmologic residency, usually in the Department of General Surgery at Rush-Presbyterian-St. Luke's Medical Center. Positions are filled through the Ophthalmology Matching Program sponsored by the Association of University Professors of Ophthalmology.

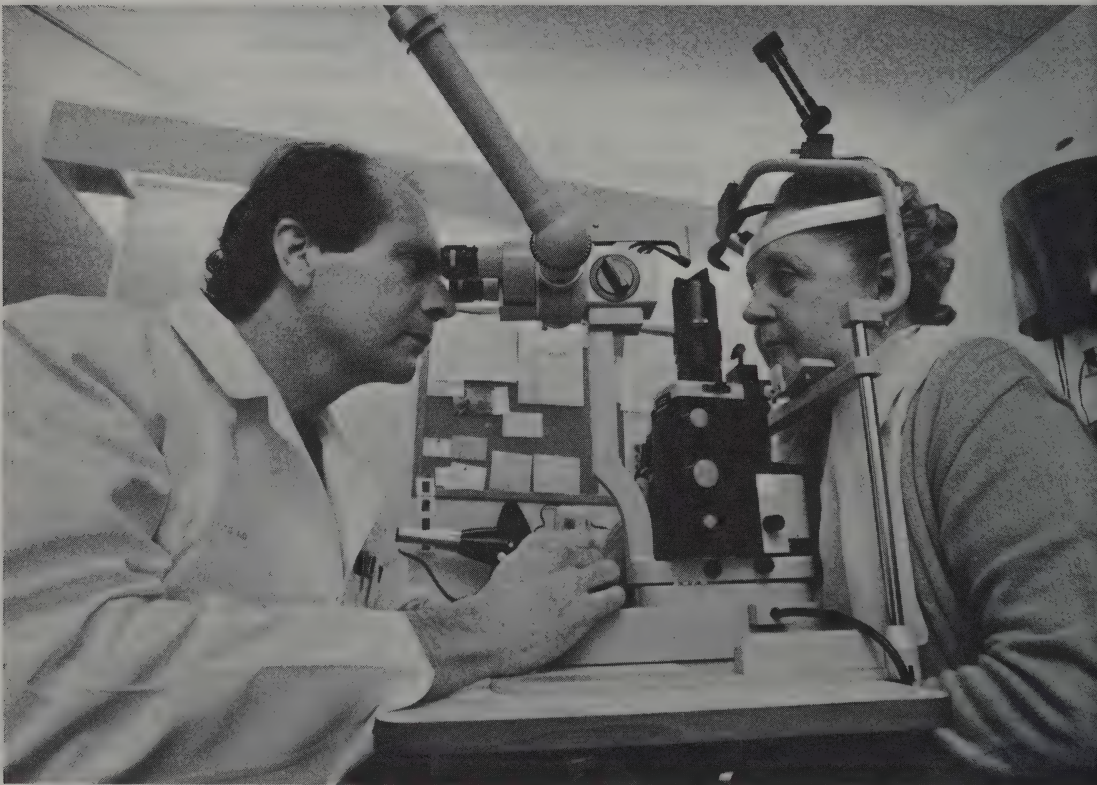
The primary purpose of the ophthalmology program at Rush-Presbyterian-St. Luke's Medical Center is to convey a thorough clinical knowledge for the care of patients with all types of ophthalmologic problems. While there are opportunities for clinical and basic research throughout the three-year program, this is not a prerequisite to completion of the program.

The training program emphasizes continual and stable follow-up of patients from the beginning of training. There is not a strict pyramidal system of graduated responsibilities, and the rate of development of surgical technique is limited only by the resident's personal competence. Extraocular procedures are performed immediately after beginning the ophthalmology service which is the second postdoctorate year. Intraocular procedures may be performed during the second half of the second year of training. An attempt is made to conduct the program so that each resident may follow patients throughout the final three years of the residency. During the third year of training, a full-time basic science postgraduate course of two to three months given

elsewhere is included in the program. Travel, tuition fees and the regular resident stipend are provided by the Medical Center.

The base for patient referrals is derived directly from Rush-Presbyterian-St. Luke's Medical Center, from an active outpatient clinic and from outside referrals. In addition, residents are exposed to and rotate through the ophthalmology divisions of various hospitals within the Rush Network. A great number of private outpatients are admitted and residents are given significant responsibility toward their care. The average resident performs approximately 100 to 125 major intraocular procedures during the three years. Experience is also acquired in minor surgical procedures and in the use of the Argon laser for both retinal and glaucoma surgery. A Neodymium:YAG laser is available for appropriate conditions. Because of the scope of Rush-Presbyterian-St. Luke's Medical Center, a wide diversity of disease entities provides complete and unusual opportunity to residents. The resident participates actively in consultations with other departments and is exposed within the department to all types of ophthalmologic diseases.

Members of the teaching faculty include individuals with special interests and training in cornea and external disease, glaucoma, neuro-ophthalmology, ophthalmic plastic surgery, retinal diseases, pediatric ophthalmology and ocular pathology. Regular teaching sessions occur on Wednesday afternoons and include faculty presentations and guest speakers, with active resident participation. Special teaching sessions may occur on other days. Residents are encouraged to attend scientific meetings throughout their training and the department supports attendance at at least one such meeting a year. Enrollment in the American Academy



Course in Continuing Education is provided for each resident and assistance with that home study course is provided. Grand rounds in other departments are available if the subject is of ophthalmic interest. Second-year residents spend one-half day each week learning ophthalmic pathology and preparing presentations for monthly pathological conferences.

Most ophthalmologic activity occurs in the Joseph and Helen Regenstein Eye Center of Rush-Presbyterian-St. Luke's Medical Center. This is a modern clinical complex with full facilities, including laser photocoagulation, complete ultrasonography, outpatient surgery, electroretinography, and ophthalmic photography including video recording capabilities.

Inquiries should be addressed to William E. Deutsch, M.D., Chairman, Department of Ophthalmology.

Jorge O. Galante, M.D., Chairman

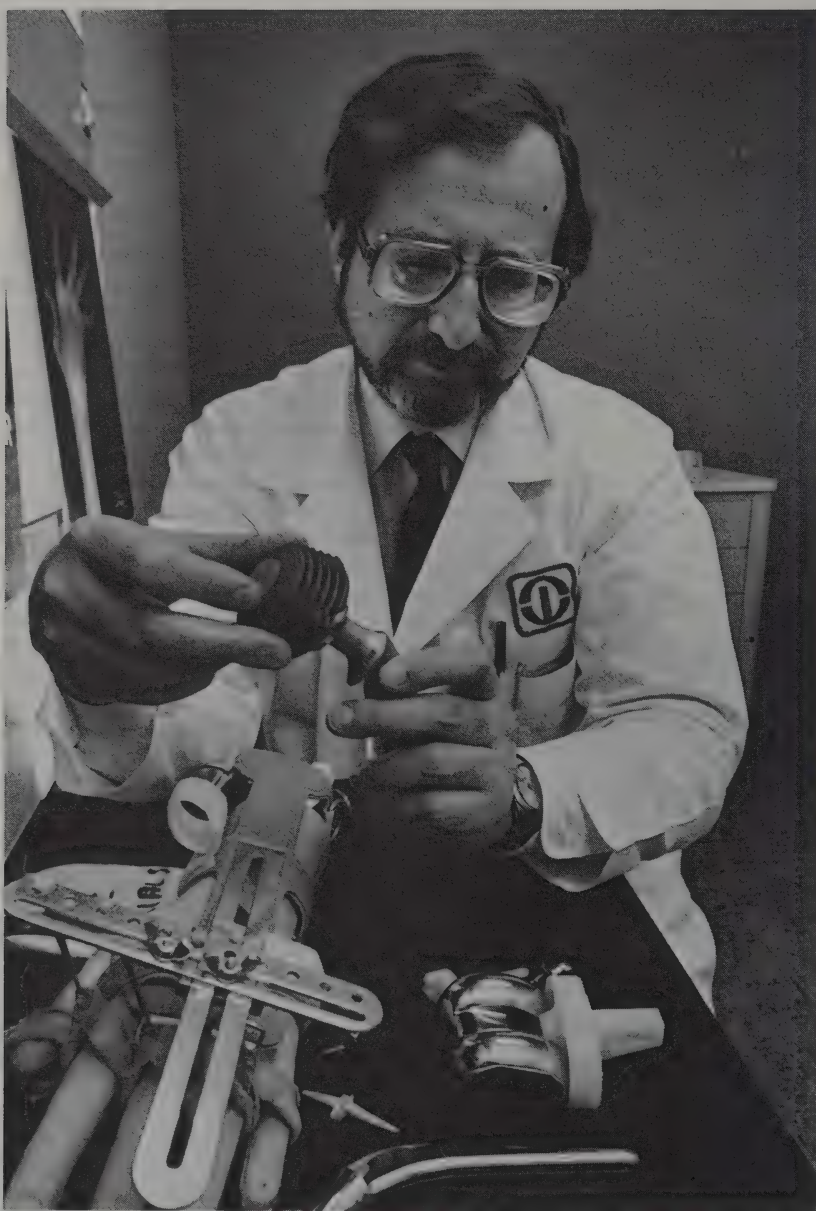
The Department of Orthopedic Surgery offers a five-year residency accredited by the American Board of Orthopedic Surgery. Four positions are available each year at Postgraduate Level 1. For those who have completed a residency in orthopedic surgery and are seeking specialized training, additional one-year postgraduate fellowships are available in joint replacement surgery, spinal surgery, surgery of the hand, and orthopedic research.

The prime focus of the residency is to prepare clinicians who are well trained in all facets of orthopedic surgery. In addition to ample exposure in general orthopedics, the residents participate in the care of patients with complex problems in joint replacement, spinal deformities, pediatric orthopedics, orthopedic oncology, hand surgery, adult spine surgery, foot surgery and sports' injuries. All residents are expected to participate in clinical research during their training. For those who have academic interests, there is an opportunity for either a six- or twelve-month rotation in laboratory research.

The residency is organized on the principle of increasing resident responsibility under the supervision of the attending staff. The first postgraduate year is a rotating surgical internship with exposure to general surgery, neurosurgery, cardiovascular surgery, plastic surgery, and surgical intensive care. During the second and third postgraduate years, the resident serves as a junior house officer on the orthopedic services at Rush-Presbyterian-St. Luke's Medical Center and Christ Hospital. The elective rotation in orthopedic research is available during the third postgraduate year. During the fourth year the resident serves six months at a senior resident level at the Medical Center and six months on the pediatric orthopedic rotation. The pediatric orthopedic rotation is either at Shriner's Hospital for Crippled Children in Chicago or at Denver Children's Hospital. The fifth postgraduate year is a chief resident position with advanced surgical and patient care opportunities at both Rush and Christ Hospital.

All patients at Rush and the affiliated hospitals are available for the teaching experience. Clinical exposure encompasses a broad scope of musculoskeletal problems including joint replacement, spine surgery, pediatric orthopedics, orthopedic oncology, trauma, sports injuries, hand surgery, foot surgery and surgery for arthritis. Outpatient exposure is provided in the private offices of the attending staff which are located in the adjacent Professional Building. Resident-supervised clinics are held weekly encompassing patients with fractures, pediatric orthopedic problems, cerebral palsy and general orthopedics. The attending staff at Rush consists

**Department of
Orthopedic Surgery**



of eleven full-time board certified orthopedic surgeons. All areas of orthopedic subspecialty are represented.

In addition to clinical teaching, daily didactic conferences are held at the Medical Center. These conferences cover topics including surgical indications, pediatric orthopedics, surgical anatomy, sports medicine, basic sciences, and histopathology of musculoskeletal disorders. Weekly grand rounds are held on Saturday morning and interesting cases are presented by the residents and are discussed by the attending staff with participation of orthopedic surgeons from the community. Distinguished visiting professors are invited several times a year with their emphasis centering on lectures and discussions with the resident staff. Workshops on technical skills in orthopedic surgery are held during the year to give the residents additional "hands-on" exposure in specialized surgical skills.

The department maintains a dedicated emphasis on both basic and clinical research. A full-time staff of over 30 professionals, including three with Ph.D. degrees, is employed in orthopedic research. The biomechanics laboratory contains a sophisticated opto-electronic gait analysis laboratory which is utilized in projects evaluating total joint arthroplasty, cerebral palsy, and knee ligament injuries. Other areas of ongoing investigation include stress analysis of total hip and total knee prostheses, bone remodeling biomechanics, materials analysis of orthopedic implants, development of new prosthetic devices, new applications of bio-electricity in orthopedics, and cartilage biochemistry. The Department of Orthopedic Surgery has pioneered the use of porous materials to attach prosthetic implants to the skeleton. Research from the department has won numerous national and international awards.

Section of Spinal Surgery

Ronald L. DeWald, M.D., Director

The Section of Spinal Surgery offers a unique surgical experience in the treatment of spinal afflictions. Deformities, tumors, infections and degenerative and metabolic diseases of the spine are seen in large numbers in this section.

The Section of Spinal Surgery has been enlarged and now encompasses three orthopedic spine surgeons and soon will enlarge to five. This section sees approximately 700 new spinal surgery patients per year. Three to six surgical procedures are performed each week. During the residency training program, the resident moves through the operating room from first assistant to assuming the operative responsibility as various techniques are mastered. Daily rounds are conducted by the attending physicians and provide excellent training and bedside clinical diagnosis. Commensurate with ability, the resident assumes full responsibility for preoperative work-up and postoperative care of all patients. City-wide monthly spine conferences are held throughout the school year. Clinical research is encouraged in this section and basic research in the biomechanics of the spine is performed in conjunction with the Gait Analysis Laboratory and the Department of Orthopedic Surgery.

The Section of Spinal Surgery is an integral part of the Department of Orthopedic Surgery and the residents participate in orthopedic grand rounds and other orthopedic conferences and training programs.

Section of Orthopedic Research

Thomas P. Andriacchi, Ph.D., Director

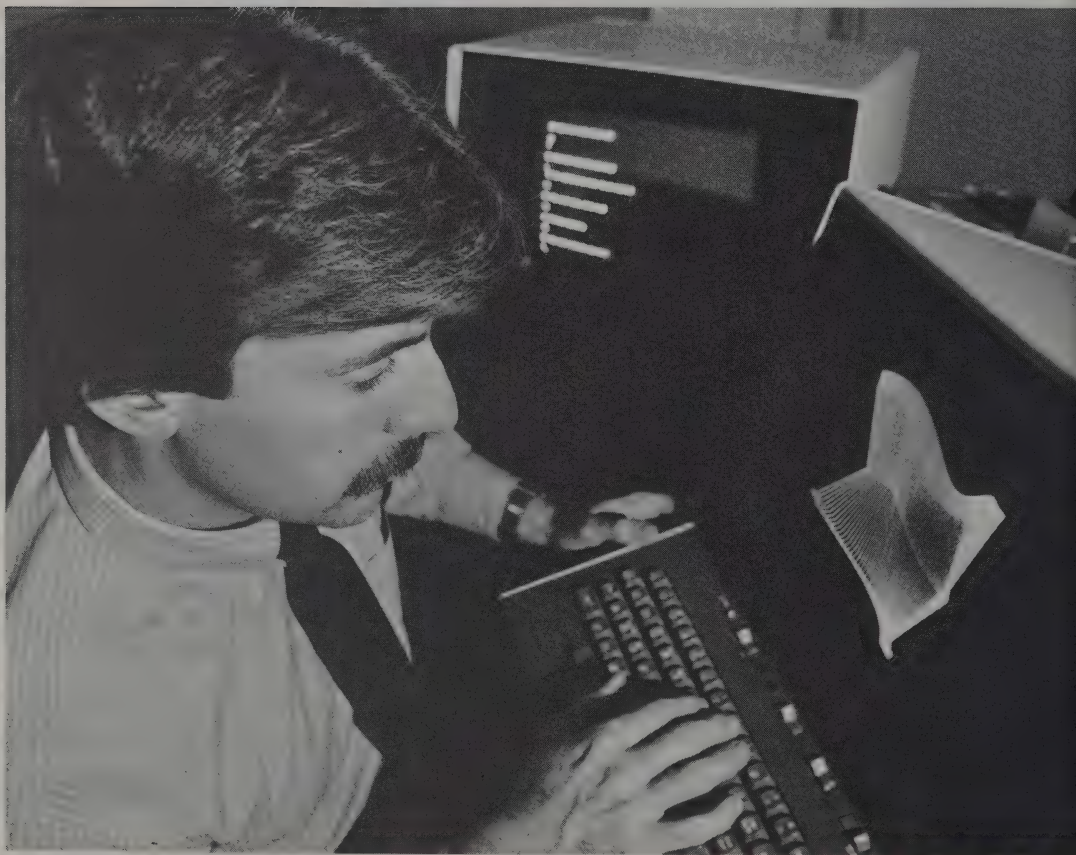
The research program in the Department of Orthopedics is divided into three basic science categories: biomechanics, biomaterials and biochemistry. The common goal that links these diverse scientific

disciplines is their association with the prevention, treatment and understanding of musculoskeletal diseases. Each of these basic science areas interacts with the clinician to address both basic and clinically relevant research problems. The fundamental goal of the research section is to promote the interaction between the clinician and the basic sciences as well as the interaction between the basic sciences in the areas of biomechanics, biochemistry and biomaterials. The educational aspects of the program include pre- and postdoctoral training, and the basic sciences for orthopedic residents and clinical fellows. More than thirty technical and professional staff are involved in the orthopedic research. Seminar speakers from throughout the United States and abroad interact with the group. Seminars and projects are carried out in close collaboration with the Departments of Biochemistry and Pathology, as well as several universities and the National Institutes of Health.

Following is a description of the basic research program:

1. Biomechanics Program—Thomas P. Andriacchi, Ph.D.,
Director

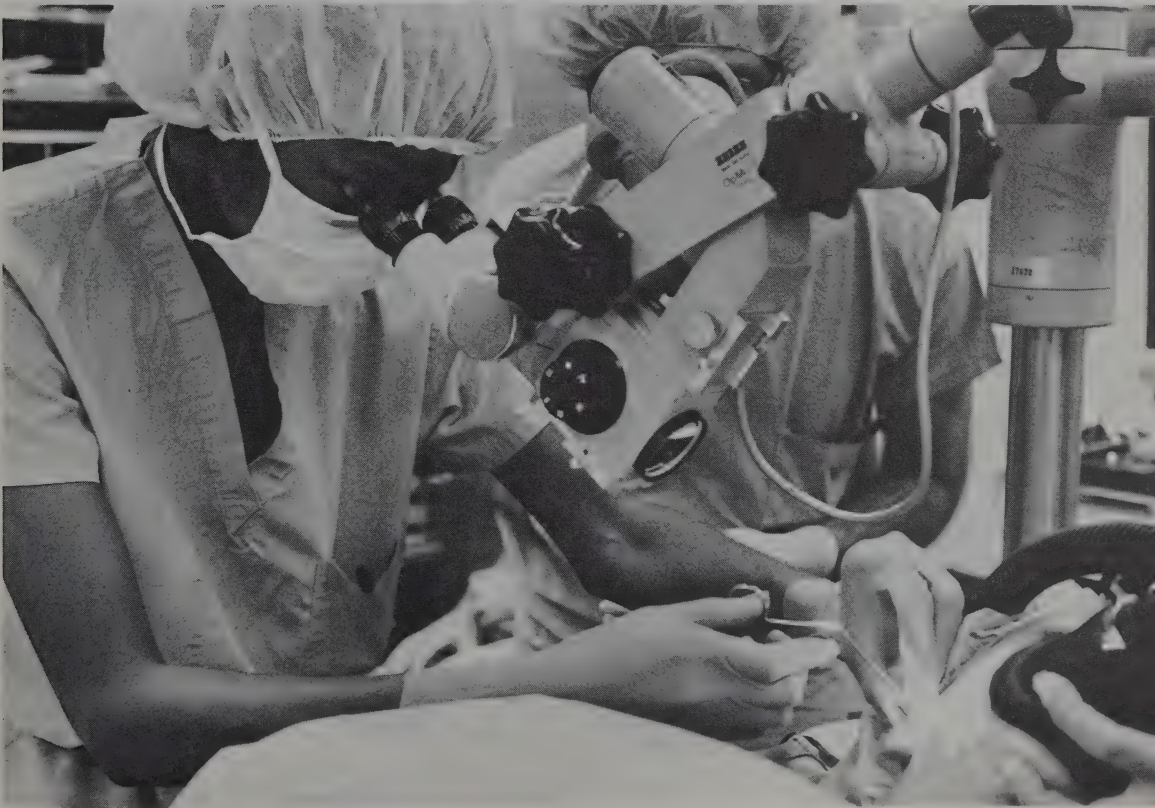
The biomechanics activities apply basic principles from mechanics to the study of the human musculoskeletal system. These studies are designed to address orthopedic-related problems. Current research activities include the functional analysis of patients treated with various types of total joint replacement using gait evaluation methods. Recently work has begun on the study of sports-related injuries and the use of biomechanical functional evaluation to analyze and evaluate various injuries and treatment modalities. The laboratory also utilizes analytical techniques to mathematically model the musculoskeletal system.



2. Biomaterials Program—Jorge O. Galante, M.D., Director
The use of titanium materials attached by a bone ingrowth to replace defects in the skeletal system has been a noteworthy development from our laboratories. Further research in this area is continuing. An important aspect of this study is the analysis of the mechanical factors that influence bone remodeling. A new program is beginning in the department to quantitate specific mechanical parameters and their relationship to a biological response in bone. There is also an ongoing study of the metal ion release from various implant materials to calculate potential toxic or carcinogenic effects of the metals in the body.
3. Biochemistry Program—James H. Kimura, Ph.D., Director
Primary emphasis has been on the biosynthesis of proteoglycans and the molecular mechanism. It is believed that understanding the molecular mechanisms for this process will lead to improved treatment for degenerative diseases of this tissue such as osteoarthritis.

Another aspect of the program is the study of a spectrum of low molecular weight proteins extracted from cartilage. Research on the molecular organization of the extracellular cartilage matrix is carried out, including changes that occur during the differentiation of epiphyseal cartilage, calcification and replacement by bone and during osteoarthritic lesions, which have functionally been defined as the “anti-invasive factor” (AIF). Current studies concentrate on the separation and characterization of the anti-invasion factor(s), its mechanism of action and the biochemistry of the specific growth inhibitory factor(s).

Inquiries regarding the program should be directed to Jorge O. Galante, M.D., Chairman.



**Department of
Otolaryngology and
Bronchoesophagology**

**David D. Caldarelli, M.D., The Stanton A. Friedberg, M.D.,
Professor, Chairman**

The Department of Otolaryngology and Bronchoesophagology offers a five-year residency fully accredited by the American Board of Otolaryngology. The training program consists of one resident per year with the first year of training in general surgery and the remaining four years in otolaryngology. Under the direct supervision of the full-time and part-time attending staff, the residents assume full responsibility for preoperative, operative, and postoperative patient care.

At network hospitals separate clinical and surgical rotations in facial plastics and neuro-otologic surgery and pediatric otolaryngology provide supplemental training. An extensive relationship with the Center for Craniofacial Anomalies at the University of Illinois Abraham Lincoln School of Medicine also provides participation in the multidisciplinary management of patients with a wide variety of craniofacial malformations.

Hospital admissions are approximately 1,000 patients annually with an average daily census of 25. The outpatient otolaryngology clinic held four days per week averages approximately 4,000 outpatient visits per year. Clinical instruction is supervised by the part- and full-time attending staff. Annually, 1,400 surgical procedures provide experience in microscopic otology, head and neck oncology, craniofacial anomaly, maxillofacial traumas, head and neck reconstructive surgery and bronchoesophagology. Extensive laser and cryosurgery experience is also available.

Resident exposure to basic laboratory or clinical research is provided and currently involves assessment of chronic middle ear disease, airway problems in association with craniofacial anomalies, the cytologic aspects of head and neck tumors, and pathophysiology of sleep apnea syndrome. In conjunction with the Department of Therapeutic Radiology and the Section of Medical Oncology, the efficacy of adjunctive chemotherapy in head and neck cancer is being studied. The resident staff is expected to submit scientific papers for presentation at local and national society meetings. Each resident is afforded the opportunity to attend a national specialty meeting or postgraduate medical education course in each year of training.

Inquiries concerning the program should be directed to the department chairman.

Section of
Communicative Disorders

Thomas W. Jensen, Ph.D., Director

The Section of Communicative Disorders functions as an integral part of the Department of Otolaryngology and Bronchoesophagology. Approximately 4,500 patients are seen each year for audiological assessment, speech, language, and voice evaluations and therapy. Rotations through the section with case demonstrations and tutorial sessions can be arranged upon request. The otolaryngology resident spends approximately five percent of his/her time within the section during the first four months of residency. Lecture and discussion topics include speech and hearing science as well as evaluation and management of a broad range of communicative disorders. Principles and interpretation of audio-vestibular testing are discussed, including impedance audiometry, central auditory function, auditory evoked potentials, and electronystagmography.

Department of
Pathology

**Ronald S. Weinstein, M.D., The Harriet Blair Borland
Professor, Chairman**

Victor E. Gould, M.D., Associate Chairman

Meryl H. Haber, M.D., Associate Chairman

The Department of Pathology offers an integrated four-year residency in anatomic and clinical pathology at Rush-Presbyterian-St. Luke's Medical Center and Christ Hospital, fully accredited by the American Medical Association. An optional one- to two-year fellowship is offered for additional training in surgical pathology subspecialties or in research training for physicians preparing for



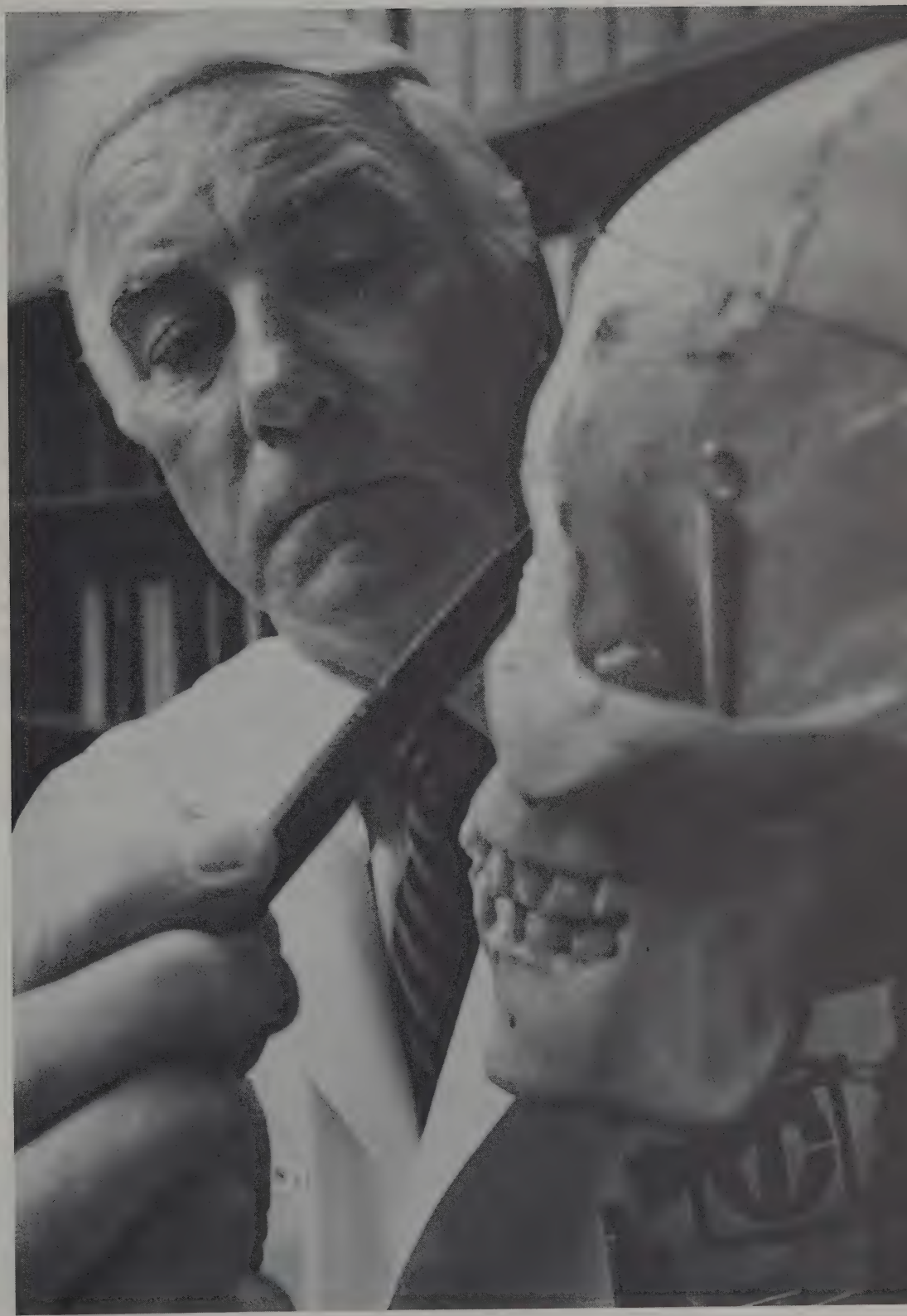
academic careers. On completion of training, all residents are qualified for examinations by the American Board of Pathology.

The objective of the program is to provide residents with in-depth training in all facets of modern diagnostic pathology and laboratory management. The program is intellectually intensive. Residents are expected to master both theoretical and practical material. A goal of the program is to train pathologists who will be competitive for outstanding positions in either academic or community medical centers and who have the requisite training to assume a leadership role in their profession.

The first-year post-M.D. program accepts three trainees. They spend nine months on autopsies and three months on surgicals. In the second year, the majority of time is on surgicals and cytology and the minority is on autopsies. Throughout this training period, the resident attends daily departmental conferences where active cases are presented either to the chairman or vice-chairman of the department, additional staff members, house staff and medical students. In addition, the resident attends a broad spectrum of specialty conferences, tumor conferences, clinicopathological conferences (CPC's) and grand rounds. The resident has the option of participating in the teaching of Rush medical students. Elective periods are offered in the first two years for concentrated study in selected areas or, in some instances, to initiate clinical pathology rotations. At the end of the second year, the resident may elect to enter the clinical pathology curriculum or continue in anatomic pathology. Those desiring CP accreditation spend two years rotating through clinical chemistry, microbiology, hematology, immunology and the Blood Bank. Programs in these laboratories are individualized to the needs of the resident and include both didactic and service components.

Residents electing to pursue anatomic pathology exclusively select a research topic and begin investigative work under the supervision of senior investigators. Excellent research opportunities are offered within the Department of Pathology in electron microscopy, cytopathology, neuropathology, cancer biology and medical automation. Research-oriented residents are encouraged to attend basic science seminars and lectures, to take relevant course work for purposes of enrichment and to attend national meetings. Because the research laboratories are in close proximity to the service laboratories and the Library of Rush University, it is feasible to monitor the activities of the laboratory services while engaged in active research programs. This permits residents to study the material from a large number of interesting and unique cases throughout their training. In addition to the broad-based training offered at Rush-Presbyterian-St. Luke's Medical Center and Christ Hospital, electives can be arranged at other Chicago institutions in forensic pathology and pediatric pathology.

Inquires concerning the program should be directed to the chairman.



A two-year graded training program in general plastic and reconstructive surgery is fully accredited by the Tripartite Conference Committee on Graduate Training sponsored by the American Medical Association, the American College of Surgeons, and the American Board of Plastic Surgery. To be considered for appointment, applicants must have completed a minimum of five years of acceptable training in general surgery to comply with the requirements of this service. Each year, one resident is selected to start training.

At present, an average of more than 1,500 plastic surgery patients are operated on annually at the Medical Center. Plastic surgery patients embrace a wide variety of ages and types. Bed privileges and special operative times are offered to residents, but all of the patients in the hospital are available for teaching purposes.

Residents will be trained in overall preoperative surgical diagnosis and care, surgical treatment, and postoperative care of patients amenable to treatment by plastic surgery. Residents will gain more than adequate experience in the various methods of excisional and reparative surgery of the scalp, face, orbits, nose, oral cavity, neck, trunk and extremities, as well as experience in management of neoplasms of the head and neck, cosmetic surgery, facial trauma, surgery of the hand, burns, and congenital abnormalities of the extremities and genitalia. Cooperation with other disciplines (orthopedics, general surgery, genitourinary, gynecology, bronchoesophagology, neurosurgery) allows exceptional experience in reconstruction of the esophagus, larynx, trachea, vagina and abdomen, and the repair of extensive encephalocele, myelomeningocele, and severe craniofacial deformities.

There is no routine rotation of plastic surgery residents to network hospitals at this time; however, future plastic surgical residents (those who at present are on the general surgical service) will rotate to the network hospitals for experience in trauma, burns, and hand surgery. Plastic surgeons in network hospitals are encouraged to attend and participate in the weekly plastic surgical grand rounds at the Medical Center.

Residents are given ample opportunity to perform major procedures under the supervision of the attending staff. Increasing ability brings increased responsibility. To help the resident acquire skill and judgment in all phases of work, emphasis is being placed on personal instruction at the bedside, in the clinic, in the operating room, and in the pathology and anatomy laboratories. Active participation in research is mandatory. The program stresses participation in weekly grand rounds, tumor conferences, surgical research projects, hand seminars, and journal reviews. The resident also spends time each week in private offices of the attending staff.

There is a separate hand clinic where acute and extensive reconstructive hand surgery cases are seen and operated upon (see hand surgery section). A large caseload of cleft lip, cleft palate, and severe craniofacial anomalies are operated upon by the plastic surgical staff and residents at Presbyterian-St. Luke's Hospital. There is a close relationship with the Center for Craniofacial Anomalies at the University of Illinois Abraham Lincoln School of Medicine, where more than 1,600 cases are seen each year.

Increased emphasis within the department is being given to microvascular surgery, both in the operating room and in the research laboratory. Both junior and senior residents are afforded the opportunity to attend major surgical meetings during the year. They are encouraged to present papers on their own or in conjunction with the attending staff. A resident will be given an appointment as instructor in the department for the entire training program.

Inquiries concerning the program should be directed to the chairman.

Section of Hand Surgery

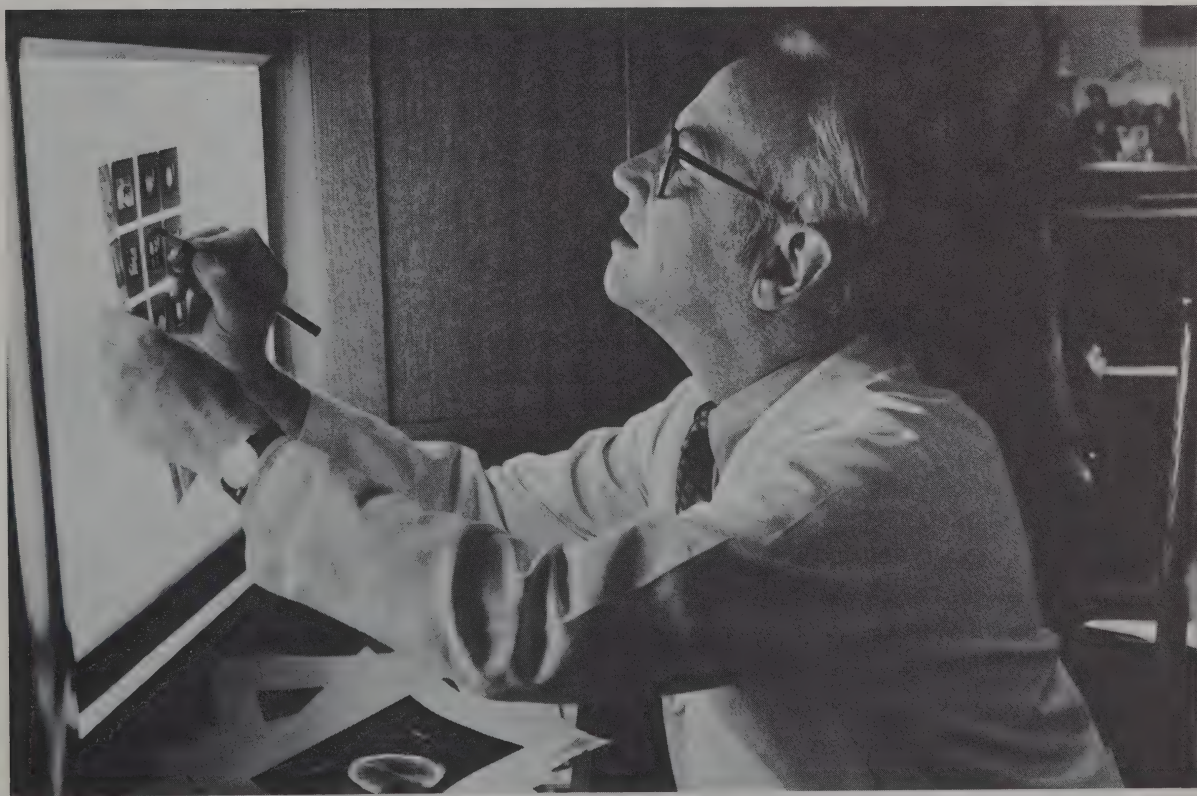
Robert R. Schenck, M.D., Director

The Section of Hand Surgery encompasses all facets of the care of the hand, including traumatic, reconstructive, congenital, rheumatoid and especially microsurgical application needed in the more sophisticated aspects of hand reconstruction.

Dr. Schenck is assisted by hand surgery fellows who spend a year under his direction, and an orthopedic resident who does a three-month rotation. Their duties are not only clinical, in that they participate in the preoperative selection, operative treatment, and postoperative management in the office, but also education- and research-oriented as well. They participate in the monthly hand surgery conferences and monthly hand problem cases in orthopedic grand rounds.

A strong component of the Section of Hand Surgery involves the learning and refining of microsurgical techniques in the laboratory and application to research projects relating to improved methods of microvascular surgery. The laboratory is fully equipped with two operating microscopes and staffed by a full-time technician.

Please direct inquiries to Robert R. Schenck, M.D., Director.



**Department of
Diagnostic Radiology
and Nuclear Medicine**

Richard E. Buenger, M.D., Chairman
Ernest W. Fordham, M.D., Vice Chairman
Claire Smith, M.D., Director, Postgraduate Radiology
Residency Training Program

The Department of Diagnostic Radiology and Nuclear Medicine offers four positions annually in a four-year residency program in diagnostic radiology which is accredited by the American Medical Association. Fifth-year fellowships are available in neuroradiology, combined computed tomography/ultrasound/magnetic resonance imaging (MRI) and nuclear medicine.

Beginning with the first year of training, the resident is responsible for the interpretation of all radiography and the performance of every special procedure in the department. Every film interpretation, however, is individually checked by an attending staff member of the appropriate section, and every special procedure is supervised throughout its duration by a specialty radiologist. Various degrees of responsibility are delegated during the training program.

There is a full-time staff of 24 radiologists. For administrative and teaching purposes, the department is divided into nine sections. Each section has a full-time director, and each member of the staff is assigned to one of the sections, which are:

**Section of
General Radiology**

Jerry P. Petasnick, M.D., Director

This section performs all radiographic examinations not specified under other sections, all emergency examinations, and the following special examinations: arthrography, mammography, lymphangiography, peripheral arteriography, and abdominal arteriography (other than genitourinary).

Section of Ultrasound

Jason C. Birnholz, M.D., Director

This section performs examinations involving sectional imaging of the soft tissues of the body, including cardiovascular, abdominal and obstetrical examinations by ultrasound echo techniques.

**Section of
Computed Tomography
and Magnetic
Resonance Imaging**

John W. Clark, M.D., Director

This section has clinical and research responsibilities for assigning both brain and body CT scanning devices and computer facilities to those sections offering consultation in computed tomography. It also operates the MRI center.

**Section of
Thoracic Radiology**

Maurice L. Bogdonoff, M.D., Director

The chest radiology section is responsible for the interpretations of approximately (30,000) standard frontal and lateral examinations of the chest performed each year in the department as well as (28,000) portable studies performed on the floors. All of the standard PA and lateral views and many of the portable radiographs are interpreted by a resident and reviewed by an attending radiologist.

The section is also responsible for the performance of all interventional procedures involving the chest. This includes needle biopsies under both fluoroscopic and CT guidance, drainage and aspiration of abscesses and fluid collections in the chest, pulmonary angiography, thoracic angiography, superior venacavography, chest fluoroscopy and bronchography. All examinations are performed by a resident with the supervision and assistance of an attending radiologist. Approximately 250 interventional procedures were performed in the past academic year.

The section is also responsible for the performance, supervision, and interpretation of all computed tomographic scans of the chest and mediastinum. At least 500 CT scans of the chest are performed yearly.

Finally, our institution has an operating 0.5 Tesla super conducting magnetic resonance imaging device. All members of the chest radiology section have taken an active part in the initial evolution of this new and exciting imaging modality, although it is only in the investigational stage as are all other such devices currently in use. The section has every expectation of continuing to play an active role in the evaluation of this modality.

Section of
Gastrointestinal Radiology

Richard Gardiner, M.D., Director

Plain and contrast-enhanced radiographic and fluoroscopic studies of the abdomen and gastrointestinal tract, the gall bladder and biliary system, and the pancreas are performed in this section. Methods include routine bi-phasic examination of the upper alimentary tract and double contrast examinations of the colon whenever possible. Enteroclysis studies of the small bowel are selectively performed.

Section of
Urologic Radiology

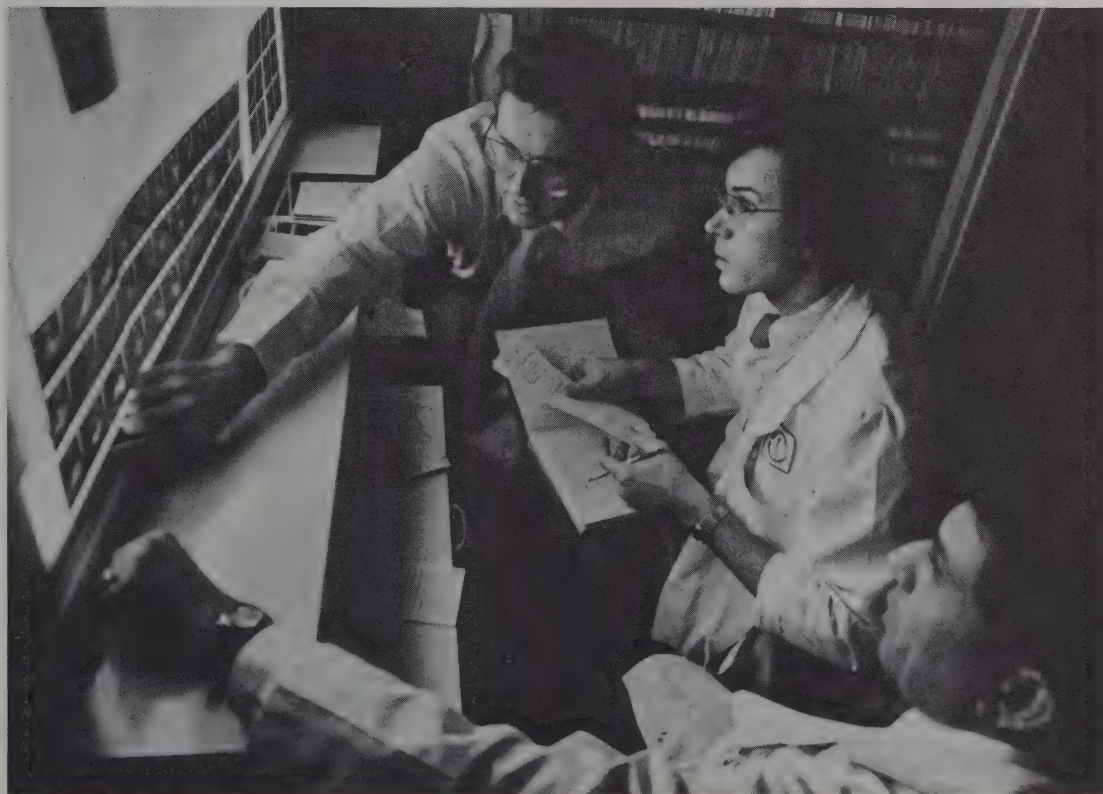
Suresh K. Patel, M.D., Director

This section performs vaginography, angioplasty on renal arteries, percutaneous kidney and ureteral stone extraction, percutaneous nephrostomy, dilatation of ureteral and urethral strictures, workup of renal transplant patients, and routine renal and adrenal arteriography and venous sampling.

Section of
Pediatric Radiology

H. Rex Gardner, M.D., Director

All routine and special radiographic procedures on children, with the exception of neuroradiologic and arteriographic studies, are performed in this section.



Section of
Neuroradiology

Michael S. Huckman, M.D., Director

This section is responsible for the following examinations: plain skull radiography, myelography, all head and neck arteriography and venography, ventriculography, pneumoencephalography, and cranial and spinal CT and magnetic resonance imaging.

Section of
Nuclear Medicine

Ernest W. Fordham, M.D., Director

The Section of Nuclear Medicine offers a two-year residency in nuclear medicine. Applicants must have completed two years of previous training in internal medicine, radiology, pathology or a combination of these. The residency program is accredited by the American Medical Association. Upon completion of the program, trainees are qualified to take the nuclear medicine board examination.

During the two-year program, trainees rotate through endocrinology, immunology and special hematology for experience in in vitro studies. Special emphasis is placed on the correlation of imaging studies. Trainees are offered optional rotations in CT and ultrasonography.

The section also offers a one-year fellowship in nuclear medicine to applicants who have completed a diagnostic radiology residency. This program qualifies trainees for the special radiology board recognizing exceptional competence in nuclear medicine.

The major educational activity of the Section of Nuclear Medicine is the daily informal case reporting conference in which trainees actively participate in the wide ranging discussions which lead to generation of the final formal report. The formal didactic clinical lecture series includes speakers from other institutions. The lecture series covering radiopharmaceuticals and pertinent physical sciences are taught by a radiochemist and physicists.



Approximately 12,000 imaging procedures are performed annually on a wide range of modern imaging equipment including tomographic scanners (adapted for positron imaging), scintillation cameras up to 21 inches in diameter, and portable cameras with computer capability for dynamic cardiac studies.

Major interests of the section include (a) the graphic demonstration of the whole body distribution of radionuclides including those primarily used for specific organ imaging, (b) continued evaluation of the application of the computer-assisted, dynamic cardiac studies (including phase analysis) and their effectiveness, and (c) collaboration with Argonne and Brookhaven National Laboratories in the evaluation of cyclotron-produced radionuclides, particularly Fe^{52} for hemopoietic marrow imaging. The section has also been very active in the clinical evaluation of commercial prototype equipment.

Trainees are actively encouraged to undertake primary responsibility for their own research projects and/or participate in ongoing departmental projects. Trainees usually attend one out-of-town meeting at departmental expense.

Inquiries concerning these programs should be directed to the section director.

The Department of Diagnostic Radiology and Nuclear Medicine provides consultation for well over 130,000 patient examinations each year. The department encompasses a space of 45,000 square feet. All of the routine radiographic work is displayed daily within each subspecialty section for interpretation, consultation and teaching. Special display areas are also located in other areas of the Medical Center. Outpatients of private physicians are examined in private radiologic offices in the Professional Building located across from the hospital. The radiology department of Sheridan Road Hospital is also operated by the staff of the Department of Radiology. Radiology residents receive their training at Presbyterian-St. Luke's Hospital.

Modern equipment is provided for all standard radiographic examinations, and for special procedures such as magnification radiography, and mammography. Fluoroscopy of the gastrointestinal tract is remotely controlled, amplified, and televised. There are seven laminographic devices.

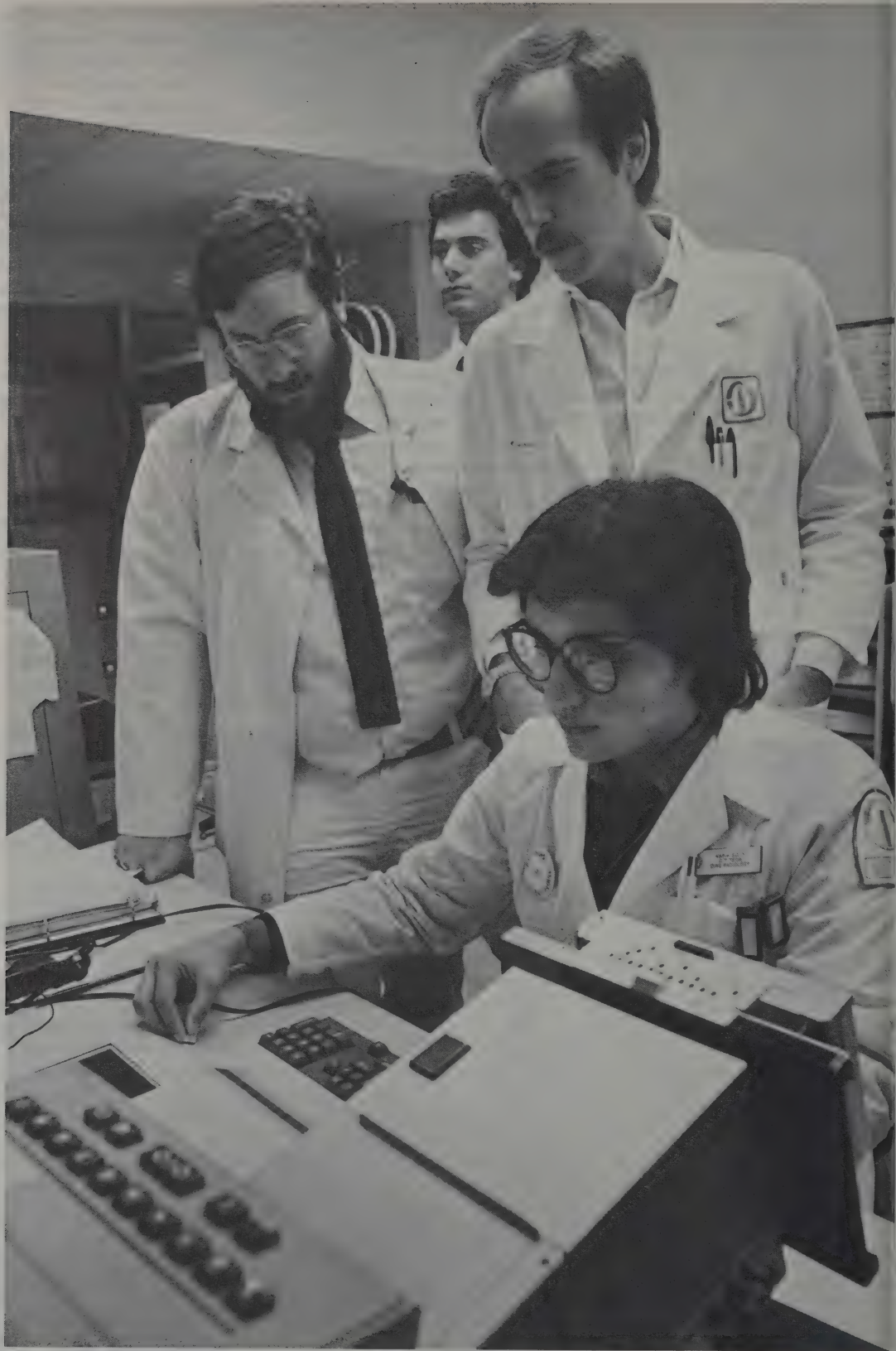
Three rooms contain biplane serial filming of the highest technical capabilities for angiography, bronchography, myelography, cholangiography, percutaneous biopsy and digital subtraction angiography.

Two precision, multidirectional tomographic rooms are reserved for tomography of the temporal bone, spine and chest and other areas of the body requiring special accuracy. A special section houses three scanning devices, computers and technical staff devoted to computed tomography of the brain and body.

Fluoroscopic equipment is available for surgical procedures. Coronary arteriography is routinely performed by the Section of Cardiorespiratory Diseases, Department of Medicine.

A 6,000 square foot section housing a 5 kilogauss super conductive magnet conducts research and clinical care in Magnetic Resonance Imaging (MRI). The facility contains its own display center, conference room and research space.

There are daily conferences within each section. Each week, radiology grand rounds are held. The department also provides radiologic consultation at various hospital-wide conferences, medical grand rounds, surgical grand rounds, pediatric grand rounds, neurology grand rounds, tumor conference, lymphoma conference, clinical pathological conference, and semi-weekly autopsy conferences.



All diagnostic radiologists and residents are urged to attend the scientific meetings of the Chicago Radiologic Society, held six times a year. Time is made available for all residents to attend refresher courses at the annual convention of the Radiological Society of North America when it is held in Chicago.

Each section maintains its own collection of teaching material. The Fay H. Squire Memorial Radiological Library is located within the department. The American College of Radiology teaching file is kept locked and available to residents only in the on-site departmental conference room.

Applicants for the four-year program are accepted after a clinical year.

Inquiries regarding the program should be directed to the Director, Postgraduate Radiology Residency Training Program, Claire Smith, M.D.

Department of Therapeutic Radiology

**Frank R. Hendrickson, M.D., Chairman
and Director, Section of Radiation Oncology**

The department offers a four-year program leading to qualification for the American Board of Radiology examination in therapeutic radiology, with another year of special training in therapeutic radiology for those desiring such augmentation of previous experience. The program accommodates two residents at each yearly level. The residency program is accredited by the American Medical Association and the American Board of Radiology. Board-eligibility requirements are three years of training in therapeutic radiology and successful passing of a written examination. If successful on the written examination, the oral examination is taken one year later.

The Woman's Board Cancer Treatment Center is now the home of the integrated department and its sections of radiation oncology, medical physics and radiation biology. Twenty-five thousand square feet contain three major treatment machines, a hyperthermia unit, examining rooms, special procedure rooms, conference rooms, offices and basic research laboratories. The radium laboratory contains 750 milligrams of radium or isotope equivalent for clinical use. An electronics shop provides maintenance, design, and production of special equipment.

Rush-Presbyterian-St. Luke's Medical Center registers more than 1,600 new cancer patients a year and more than half receive some form of radiotherapy. There are more than 15,000 treatment visits and 3,000 follow-up visits a year. All patients are seen initially by the radiotherapy house staff, with preliminary evaluation and treatment planning before finalization of the treatment program with the attending staff. The training program is basically related to patient problems. Assignment of all new patients is made for evaluation and treatment planning. Plans for all new patients and any problem patients are reviewed daily with the department's attending and resident staffs. Daily treatment and follow-up is performed in conjunction with the attending staff. Adequate opportunity is present to ensure development of proficiency in all necessary external treatment and implant modalities. Approximately one-fourth of the training period is devoted to radium and isotope training.

Patients are admitted directly to the radiation therapy service, and operating room privileges and priority are assigned for radiotherapeutic operating procedures. Community hospitals within the Rush clinical network permit rotation and experience with the problems of community hospital practice. Residents have rotations



in nuclear medicine, medical oncology, and medical physics, and have rotations on services within the department as part of their training. The department has an integrated residency program with Christ Hospital. House officers are recruited to the Rush department with elective rotations to major radiotherapy departments within the network. The department is involved in joint conferences on lymphoma, breast, head and neck, and medical oncology, and sponsors a weekly radiation therapy conference with guest speakers from inside and outside the institution.

There is an active clinical and basic research program in the areas of preoperative radiotherapy, combined chemotherapy and radiotherapy, and optimum fractionation and protraction. The National Institutes of Health, the American Cancer Society, and local institutional funds provide financial support. Active participation in these programs by residents and fellows is strongly encouraged. Opportunities for independent investigation are available.

Medical students from Rush and other schools who rotate through the department offer stimulus as well as a teaching challenge. In addition, first-year residents from surgery have an elective one-month rotation in therapeutic radiology.

Inquiries concerning the program should be addressed to the chairman.

Section of Medical Physics

Anthony Chung-Bin, Ph.D., Director

The Section of Medical Physics provides service and instruction to the entire Medical Center. Its general objectives are to improve methods of disease detection, to plan and measure radiation dosage, to design new apparatus, and to protect the patient, the worker, and the public by assessing the radiation levels of the environment. These objectives are achieved through the application of physical science and engineering.

The faculty of the Section of Medical Physics of the Department of Therapeutic Radiology, together with the faculty of the Section of Medical Physics of the Department of Related Health Programs of the College of Health Sciences, are responsible for teaching of radiologic physics to residents and medical students in the Departments of Diagnostic Radiology and Nuclear Medicine and Therapeutic Radiology and have established, among others, a series of credit courses which permit physicians to obtain the necessary training for licensure by the Nuclear Regulatory Commission. The courses cover: radiation physics and instrumentation, radiation protection, mathematics pertaining to the use and measurement of radioactivity, radiation biology and radiopharmaceutical chemistry.

Section of Radiation Biology

Wayne R. Hanson, Ph.D., Director

The research section of therapeutic radiology is involved in several projects designed to investigate the mechanisms of the alteration of radiation injury. These investigations involve neutrons generated at Fermilab and at Argonne National Laboratory as well as photons produced at the Medical Center. The mechanisms of changes in cellular and tissue radiosensitivity may be useful in altering the therapeutic ratio and increasing the effectiveness of radiation as a treatment of cancer. A formal course in radiobiology is offered each year in the winter term designed to acquaint students with the fundamentals of the interaction of ionizing radiation with living organisms. The staff of the section also provides lectures on radiation effects to the graduate nursing oncology program each

year. Residents in therapeutic radiology have a three-month rotation through the laboratory to become familiar with laboratory procedures involved in the research program. The combination of course work and the active participation in ongoing research activities provides the residents with both established concepts and current views in the field of radiobiology as applied to radiation therapy.

The Department of Urology offers a five-year residency program in cooperation with Presbyterian-St. Luke's Hospital, Cook County Hospital and Children's Memorial Hospital. This educational experience leads to certification by the American Board of Urology and opportunity for the physicians to assume a leadership role in urology. The residency program is fully accredited by the Residency Review Committee in Urology and the Liaison Committee on Graduate Medical Education.

The focus of training is urologic oncology with emphasis on mastering all standard and newer urologic techniques.

The first two years of residency training are in general surgery, and are devoted to nephrology, oncology, radiology, infectious diseases, general surgery, renal transplantation or other specially requested programs approved by the residency chairman. The resident is under the direction of the department through which he/she is rotating. This allows the resident to have a firm foundation when clinical training is begun in the third year of residency.

During the third year the resident has the option of a six-month rotation at Cook County Hospital. The resident is instructed in the performance of cystoscopy and the various special diagnostic techniques that are the backbone of the specialty and gains wide experience in urologic surgery, usually as first or second assistant.

The third-year resident has wide and primary responsibilities in patient care, but is encouraged to conduct some research in association with a member of the staff in the urology research laboratory. Such research may be continued in future years.

The fourth-year resident is in charge of the private inpatient service at Presbyterian-St. Luke's Hospital for a six month period when he/she has appropriate responsibility for a ward. During the fourth year, the resident performs major urologic surgery under close supervision and begins his/her transurethral experience at Cook County Hospital.

The rotation in pediatric urology is available at Children's Memorial Hospital and at Cook County Pediatric Hospital. These three months are generally available in the fourth residency year.

In the fifth year, the senior resident is also in charge of all conferences and delegates responsibility for education, patient care and research as seen fit. Although attending urologists are always available for counsel and assistance, the senior resident is encouraged to pursue a vigorous and self-reliant course of patient care and teaching.

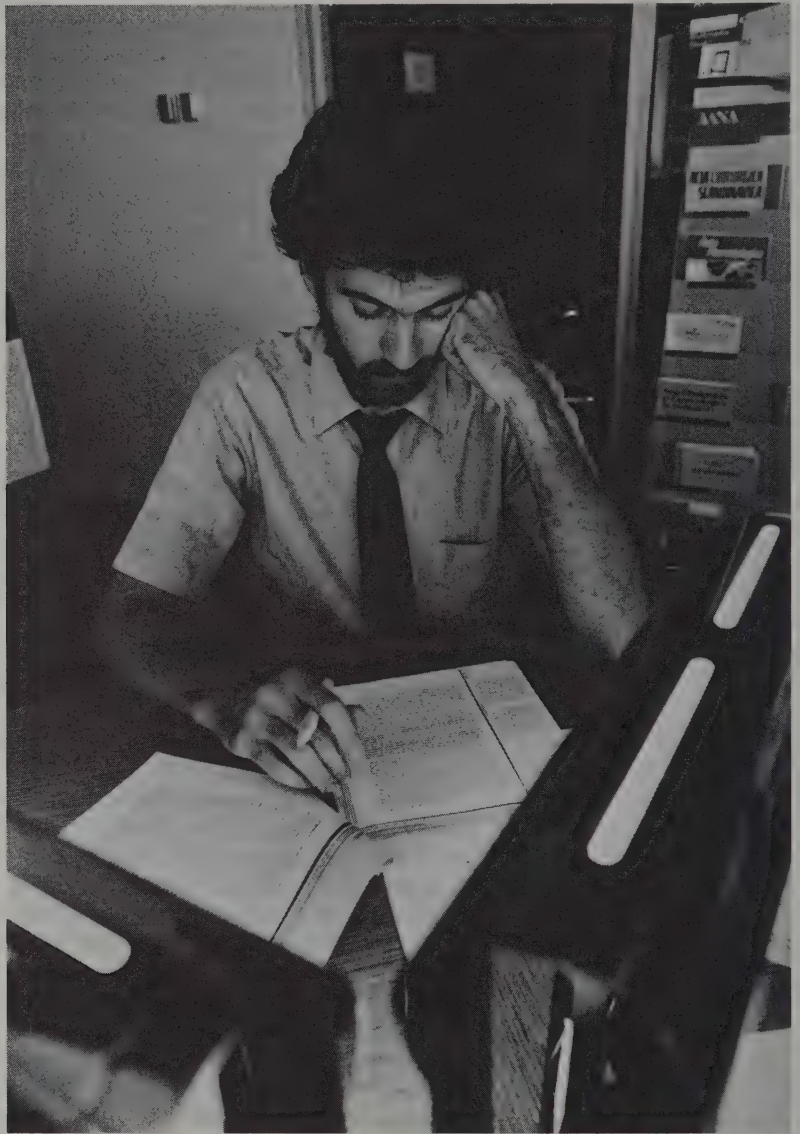
All patients admitted to the service are available for teaching, and clinical experience encompasses a broad scope of problems including infertility, tumor surgery, stone and obstructive disease.

Active teaching clinics are conducted in private outpatient offices located in the Professional Building. The department sees approximately 3,883 patients per year, 92 percent of whom are adults and 8 percent children. Currently there is an average of 4,800 surgical procedures including transurethral resections.

All residents are required to attend the two-hour weekly teaching conference held at Rush Medical College. Individual conferences also are held at Rush Medical College as well as at other institutions. The resident is required to participate in and attend those conferences in the institution through which he/she is rotating. The Journal Club meets twice a month.

All residents are required to participate in the Chicago Urological Society meetings. The society meets regularly during the winter months. Out-of-town speakers are regularly invited to give special rounds. These may deal with new research, new surgical or diagnostic techniques or new concepts in treatment.

All residency inquiries should be directed to the chairman.



Organization of the Medical Center

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Registrar

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Director, Affiliated College Programs

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Ann Bartolotta, M.S.

Director, Student Affairs

James Morgridge

Director, Financial Affairs

Beverly B. Huckman

Equal Opportunity Coordinator for
Academic Affairs

Rush Medical College

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Dean, Rush Medical College

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and Services and Associate Vice President
Medical Affairs

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Medical Affairs

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Assistant Dean, Office of Medical
Student Programs

Eunice C. Schuytema, Ph.D.

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Director, Graduate Programs

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Director, Undergraduate Program

Faith Jones, Ed.D.

Director, Continuing Education

College of Health Sciences

John E. Trufant, Ed.D.

Acting Dean, College of Health
Sciences

The Graduate College

John E. Trufant, Ed.D.

Dean, The Graduate College



Medical Center: A Summary

Rush-Presbyterian-St. Luke's Medical Center is the central initiating component of a comprehensive, cooperative health delivery system, serving some 1.5 million people through its own resources and in affiliation with 15 community hospitals and health care institutions in Illinois and northern Indiana.

It is Rush University, and a cooperative educational system which comprises Rush Medical College, the College of Nursing, the College of Health Sciences, The Graduate College and 16 liberal arts colleges and universities in six states from Colorado to Tennessee.

It is Presbyterian-St. Luke's Hospital, a major referral center providing primary care to its immediate community, and secondary and tertiary care to patients from across the country.

It is Sheridan Road Hospital, a 186-bed community hospital serving Chicago's north side, and the 176-bed Johnston R. Bowman Health Center for the Elderly, a short-term

rehabilitative facility which serves as a national model for hospital-based geriatric care.

It is a center for basic and clinical research in both traditional disciplines and in multidisciplinary centers, coordinating the attack on cancer, cardiovascular disease, and multiple sclerosis.

It is a pioneer in community medicine through its relationship with Mile Square Health Center, the creation of its own Health Maintenance Organization, ANCHOR, and its expanding services in the city and beyond.

In all, Rush-Presbyterian-St. Luke's is an organization of over 9,000 people—medical and scientific staff, faculty, students, and employees—committed to providing the best care with the highest professional standards, and with compassionate attention to the needs of every patient.



Approvals

Joint Commission on
Accreditation of Hospitals

Department of Registration and
Education, State of Illinois

Liaison Committee on Graduate
Medical Education

North Central Association of
Colleges and Schools

Liaison Committee on Medical
Education

National League for Nursing

National Association of
Nurse Anesthetists

American Medical Association
for Residencies for Physicians

American Medical Association
Committee on Allied Health
Education and Accreditation

American Nurses Association
for the Continuing Education
Program

Licenses

Department of Public Health,
State of Illinois

Cook County Board of Health

Memberships

American Hospital Association

Blue Cross/Blue Shield Health
Care Service Corporation

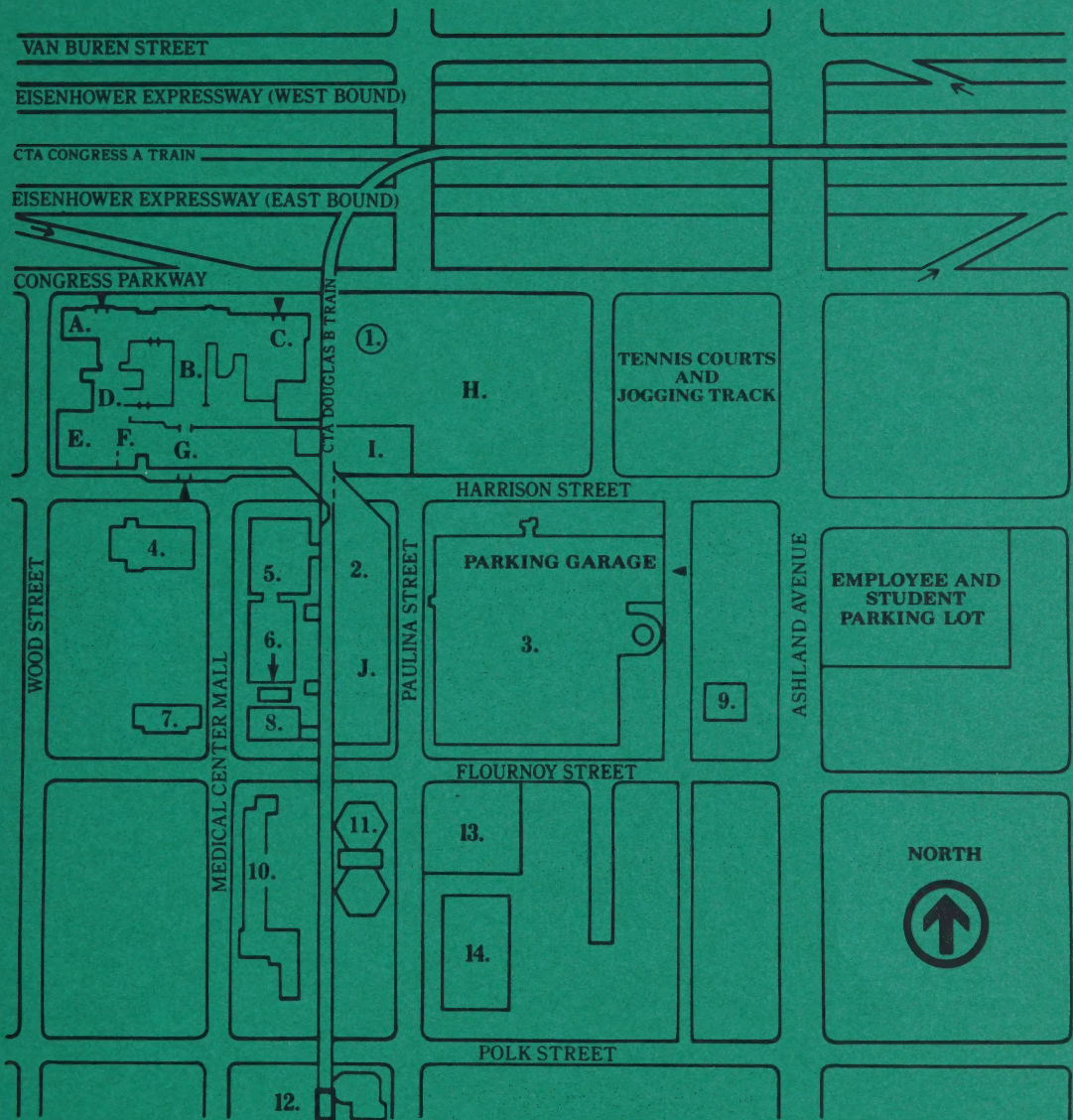
Illinois Hospital Association

Association of American Medical
Colleges

Chicago Hospital Council

American Association of Colleges
of Nursing

**Rush-Presbyterian-St. Luke's
Medical Center
Rush University Campus**



- ① Presbyterian-St. Luke's Hospital
 - A. Jones
 - B. Pavilion
 - C. Kellogg Pavilion
 - D. Murdock
 - E. Rawson
 - F. Senn
 - G. Jelke SouthCenter
 - H. Atrium Building
 - I. Woman's Board Cancer Treatment Center
- 2. Academic Facility
 - J. Employee and Student Cafeteria

- 3. Parking Garage
- 4. Schweppe-Sprague Hall
- 5. Professional Building
- 6. Parcourse Fitness Cluster
- 7. Kidston Apartments
- 8. McCormick Apartments
- 9. Laurance Armour Day School
- 10. Marshall Field IV Mental Health Center
- 11. Johnston R. Bowman Health Center for the Elderly
- 12. Polk Street Station, CTA
- 13. Basketball/Volleyball Courts
- 14. Human Resources Center for Employee Development

